



2024

ANNUAL HEALTH BULLETIN

**MINISTRY OF HEALTH AND MASS MEDIA
SRI LANKA**

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**Ministry of Health and Mass Media
Sri Lanka**

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Preface

Annual Health Bulletin 2024, published by the Ministry of Health and Mass Media of Sri Lanka is the 38th of the series of Annual Health Bulletins, which is being published since 1980. The Annual Health Bulletin, which is the main publication for overall health data; provides information and indices which illustrate health situation of the country and make available data for various purposes such as planning and management of health care services, monitoring and evaluation of health and health related projects and programs, providing data for disease surveillance activities, etc.

Annual Health Bulletin (AHB) was restructured in the year 2016 in order to improve the quality and coverage of the health statistics as well as the methodology of presentation of the information in AHB. The new structure presents health information on four major areas; Health Status of the country, Health Risk Factors among the population, Health Service Coverage and Health System inputs and outputs. In addition to that, AHB contains data of four major areas; morbidity, mortality, resource availability and provision of services.

The officials who have given their generous support by providing data of their institutions, programs and surveys are greatly appreciated and their continuous support is expected in the future as well. My sincere appreciation is extended to the staff of Medical Statistics Unit for their dedication and commitment in preparation of this publication.

Dr. Anil Jasinghe
Secretary
Ministry of Health and Mass Media
February, 2026.

Message from the Director General of Health Services

Annual Health Bulletin (AHB) is the main comprehensive document of the Ministry of Health and Mass Media that represent an overall picture of the government health sector of Sri Lanka. AHB 2024 is structured based on four sections: Health Status, Risk Factors, Service Coverage and Health System which facilitated the provision of health services. It is expected that the information and data in the AHB 2024 will be used by the policy makers, health planners, health administrators and the development partners as the main reference for their strategic decision-making.

Medical Statistics Unit of the Ministry of Health is responsible for collecting and compiling the health data and presenting in the Annual Health Bulletin in a meaningful way. I would like to extend my sincere gratitude to Ms. S.T.C. Gaveshika, Director of the Medical Statistics Unit and her staff for their hard work in completing this publication.

Finally, I thank all the Directors and other health staff, who gave their support by sharing the data, information and the write-ups for this publication without which it would not have a success.

I hope that readers will provide their feedback to make this valuable publication more useful and improve the quality in the future.

Dr. Asela Gunawardena
Director General of Health Services
February, 2026.

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Key Health Indicators 2024

Indicator	Year	Data	Source	
Demographic Indicators				
Total population	2024	21,781,800	Census of Population and Housing - 2024	
Land area (sq. km)	2024	67,240	Survey General's Department	
Population density (persons per sq. km)	2024	324	Department of Census & Statistics	
Crude birth rate (per 1,000 population)	2024*	10.1	Registrar General's Department	
Crude death rate (per 1,000 population)	2024*	7.8		
Socio-economic Indicators				
GNI per capita at current prices (Rs.)	2023*	1,213,159	Department of Census and Statistics	
Human development index	2023	0.776	Human Development Report 2023	
Unemployment rate	2024	Total	4.4	Department of Census and Statistics
		Female	7.1	
		Male	3.0	
Pupil teacher ratio	2024	Government Schools	16	Ministry of Education
		Private Schools	17	
		Pirivena	10	
Health and Nutrition Indicators				
Life expectancy at birth (years)	2011-2013	Female	78.6	Department of Census and Statistics
		Male	72.0	
Neonatal mortality rate (per 1,000 live births)	2019	5.0	Registrar General's Department	
Infant mortality rate (per 1,000 live births)	2020*	6.4		
Under-five mortality rate (per 1,000 live births)	2020*	7.4	Registrar General's Department	
Maternal mortality ratio (per 100,000 live births)	2020*	24.9		
	2023	25.0	Family Health Bureau	
Low-birth-weight rate per 100 live births in government hospitals	2024	19.6	Medical Statistics Unit	
Percentage of under five children	2016	Underweight (weight-for-age)	20.5	Demographic and Health Survey, 2016
		Wasting (Acute under-nutrition or weight-for-height)	15.1	
		Stunting (Chronic malnutrition or height-for-age)	17.3	

Indicator	Year	Data	Source
Primary Health Care Coverage Indicators			
Percentage of pregnant women attended by skilled personnel	2016	99.5	Demographic and Health Survey, 2016
Percentage of live births occurred in government hospitals	2024	85.2	Registrar General's Department and Medical Statistics Unit
Current contraceptive usage of currently married women age 15-49 years (%)	Modern method	53.6	Demographic and Health Survey, 2016
	Traditional method	11.0	
Health Resource Indicators			
Government health expenditure as a percent of GNI	2024	1.63	Ministry of Health - Appropriation Account, 2024
Government health expenditure as a percent of total government expenditure	2024	4.41	
Per capita health expenditure (Rs.)	2024	21,728	
Medical Officers per 100,000 population	2024	110	
Population per Medical Officer	2024	905	
Dental Surgeons per 100,000 population	2024	7	
Nurses per 100,000 population	2024	227.9	
Supervising Public Health Midwives/Public Health Midwives per 100,000 population	2024	28.1	Medical Statistics Unit
Number of hospitals	2024	688	
Number of hospital beds	2024	91,159	
Hospital beds per 1,000 population	2024	4.2	
Number of MOH Divisions	2024	359	

* *Provisional*

1. Introduction

Democratic Socialist Republic of Sri Lanka is an Island close to the southernmost tip of India. The island has a central mountain region, “Hill country” which peaks as high as 2,524 meters above sea level and is surrounded by a plain known as “Low country” which is narrow in the East, West and South and broadens in the North. Many rivers spring up from mountain peaks and flow towards the Indian Ocean through low lying plains following a radial pattern. These topographical features affect wind pattern, rainfall, temperature, humidity, and other climatic features. The climatic condition of the country is also affected by its proximity to the equator as well as elevation above sea level and monsoons. Mean temperature ranges from 26.5^o C to 28.5^oC (79.7^oF to 83.3^oF) in low country and from 14^oC to 24^oC (58^oF to 75^oF) in hill country. Sri Lanka receives an average of 2,000 mm of rainfall annually, amounting to about 130 billion cubic meters of water. Both hill country and south west region, receive sufficient rain. The rest of the island, mainly the North, North Central and Eastern parts, remain dry for a considerable period of the year.

Sri Lanka has a parliamentary democratic system in which the sovereignty of the people and legislative powers are vested the parliament. Executive authority is exercised by a Cabinet of Ministers presided over by the Executive president. For central administration, Sri Lanka is divided into 9 provinces, 25 districts and 340 divisional secretary areas and 14007 GN divisions (Annexure1: Detailed Table 1). Provisional administration is vested in provincial Councils.

In the year 1931, the Universal Franchise was granted to Sri Lankan citizens above the age of 18 years and free education system was established in the year 1938. Following independence in 1948, the country adopted a public funded health system and provided health care services for all citizens. This helps to reach a higher Human Development Index compared to the other countries in the South Asian region.

Table 1.1 Human Development Index (HDI) for South Asian Region, 2023

Country	HDI
Sri Lanka	0.776
Maldives	0.766
Bhutan	0.698
India	0.685
Bangladesh	0.685
Nepal	0.622
Pakistan	0.544
Afghanistan	0.496

Source: United Nations Development programme

1.1. Sri Lankan Population Size and Growth

Census of Population and Housing 2024 reported 21.8 million population in Sri Lanka. (Annexure 1: Detailed Table2.1). As shown in Figure 1.1, the annual population growth rate was -0.5 per cent in 2024.

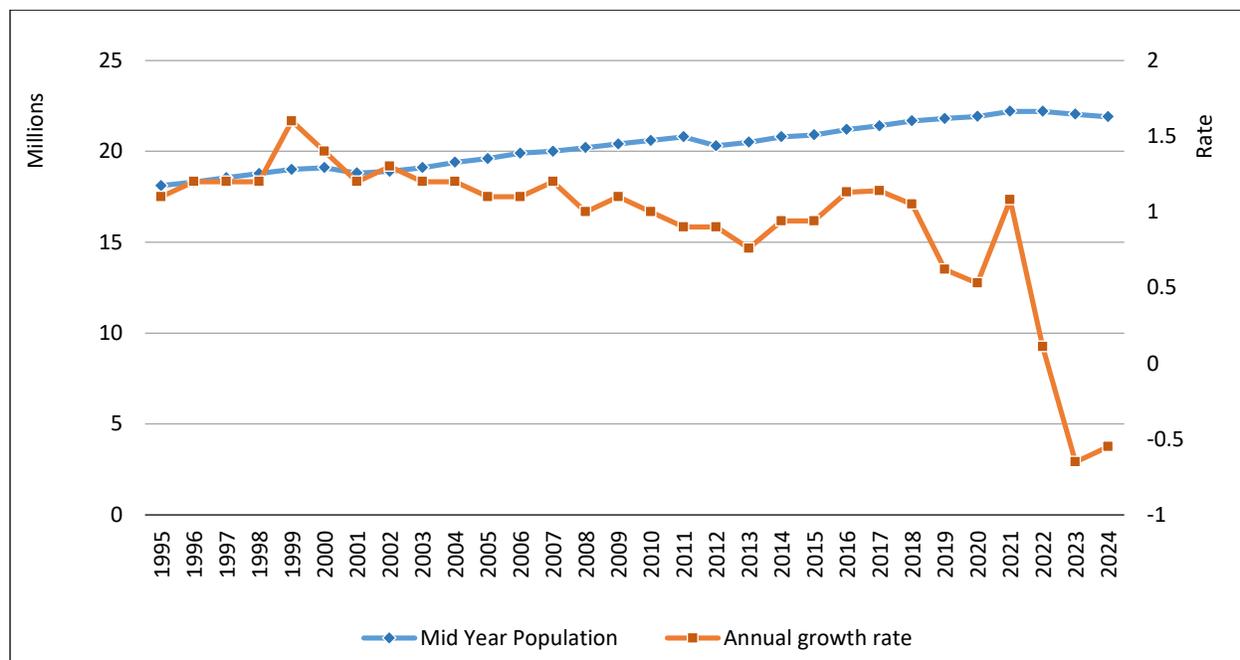


Figure 1.1: Population size and annual growth rate, 1995 – 2024

Source: Department of Census and Statistics, Department of Registrar General

In Sri Lanka, the first significant Crude Birth Rate (CBR) decline began in 1950s; fertility decline gathered momentum in the year 1960 to the year 2000 and has been relatively flat since then (Figure 1.2), CBR was 10.1 per 1,000 persons in 2024. Rapid mortality decline was observed during the post- World ii period in Sri Lanka and gradual decrease can be seen up to 1980s. Crude Death Rate (CDR) was somewhat steady during the last few decades with small fluctuations and CDR was 7.8 deaths per 1,000 populations in 2024. As a result of declining overall mortality and infant mortality rates, life expectancy has continuously risen. At the same time, low fertility rates and high life expectancy involve a declining share of children and an increasing share of the elderly.

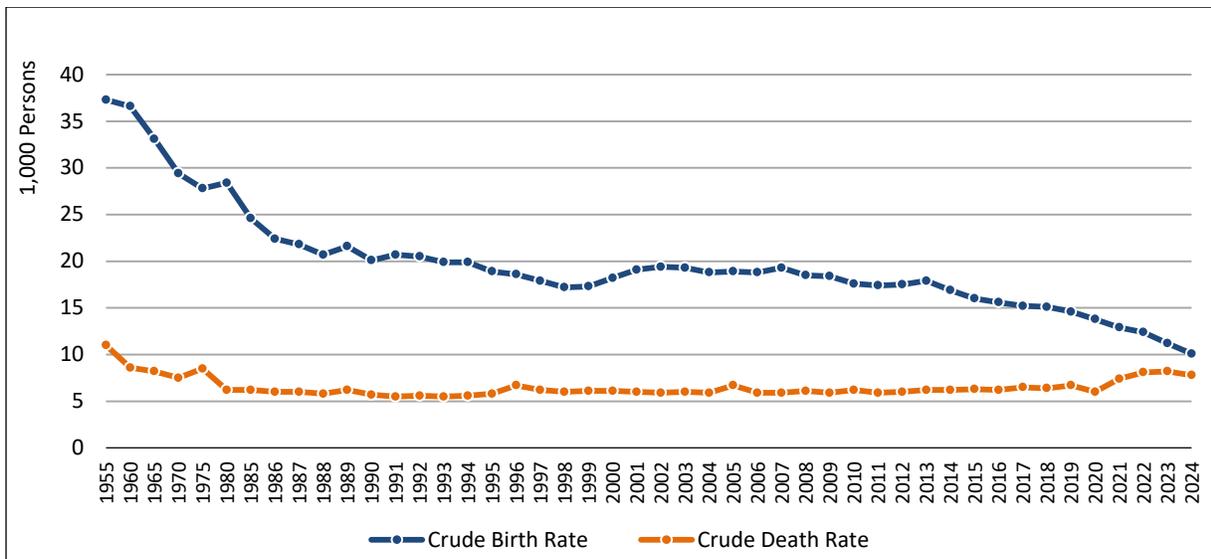


Figure 1.2: Crude birth and death rates, 1955 – 2024

Source: Department of Registrar General

1.2. History of Health

“King Pandukabhaya built a great city where Anuradha Gama was located, named it “Anuradhapura”, and made it the capital city of Lanka. He built many villages, castles, sewer Systems, hospitals, and cemeteries”

According to the Mahawansa, Providing safe drinking water, garbage disposing and access to safe sanitation were among the responsibilities of the ancient monarchs. Throughout the history ancient kings contributed to build hospitals, provide medical facilities, and develop a culture for long lasting good health. Even during the colonial period, Portuguese and Dutch established several western medical facilities in the island, primarily for their own citizens and for local workers. Under British rule in the 1800s, the government expanded its involvement and developed elements of a modern medical system, especially in major towns and plantation districts, in 1819, a 100 bed hospitals was established in Colombo. The first bacteriology laboratory (now the Medical Research institute) was founded in 1900. As Medical facilities expanded, including some private facilities, the country needed doctors and nurses. Beginning in 1839 Sri Lankan medical students went Calcutta. Later in 1870, the British governor opened the Colombo Medical College, the island’s first medical school, with 25 students. In 1878, the Generals’ Hospital, which had employed British nurses, started a local nursing school.

In 1887 the United Kingdom allowed Colombo Medical College graduates to register and practice in Britain, a decision that acknowledged the school’s quality. In 1892, women were admitted to the Colombo Medical Collage for the first time. During this period, in Sri Lanka made progress in tracking basic health information Apart from that, civil registration system for births and deaths began in 1867, and few years later, in 1871 the first population census was conducted in Sri Lanka.

1.3. Health System and Structure of Service Delivery

Sri Lanka has a pluralistic health system comprising of diverse providers of medicine namely; Traditional Western, Ayurvedic, Unani, Siddha, Homeopathy and Acupuncture. Of these Western or Allopathic medicine is the leading sector catering to the needs of the majority of population.

Health services provided by the Government of Sri Lanka are operated under a Cabinet Minister who will be usually assisted by a Deputy Minister. The line Ministry of Health is committed towards safeguarding the health status of citizens of Sri Lanka by providing quality health care services through preventive, curative, promotive, administrative and rehabilitative sectors with the vision for a healthier nation that contributes to its economic, social, mental and spiritual development. The line Ministry of Health is responsible for formulating health policies, setting standards, providing strategic direction for healthcare delivery in the country allocating resources training, and management of staff at all healthcare delivery agencies and providing healthcare to all its citizens free of charge at the point of delivery through an extensive network of healthcare institutions.

With the implementation of the Provincial Council Act in 1989, the health services were devolved creating the line Ministry of Health at the national level and Provincial Ministries of Health in the 9 Provinces. Accordingly, nine Provincial Directorates of Health Services (PDHS) and 26 Regional Directorates of Health Services (RDHS) were established. Each RDHS area is sub divided into Medical Officer of Health (MOH) areas are further sub divided into Public Health Inspector areas and public Health Midwife areas. Grass root level preventive and health Promotional activities are carried out by Public Health Inspectors and Public Health Midwives.

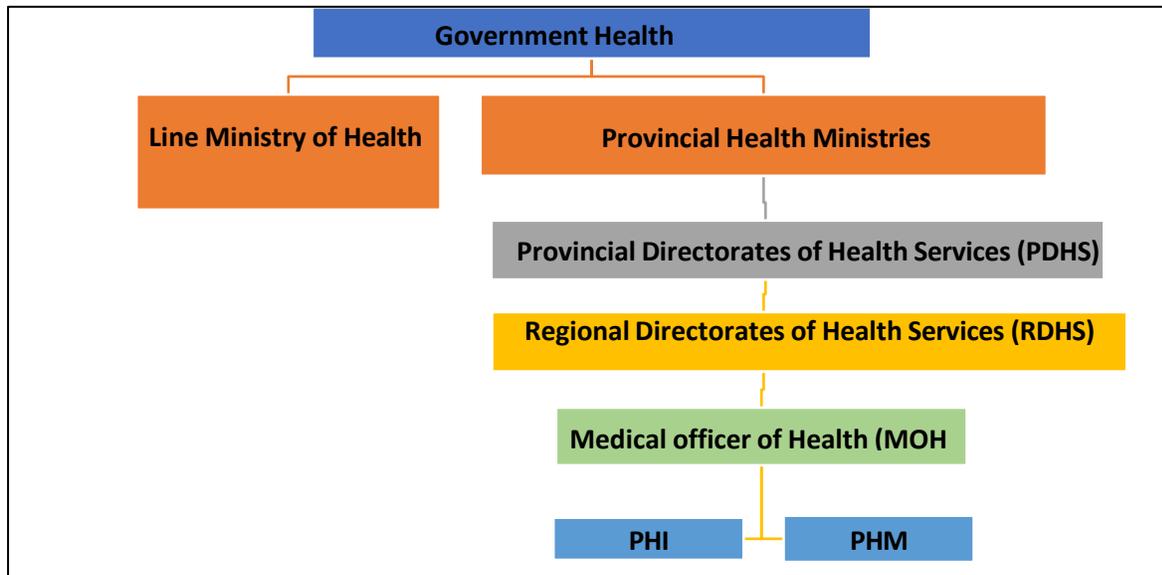


Figure 1.3: Distribution structure of health services

Allopathic medical care is provided through both the public and private sectors. The public sector provides 95 per cent of inpatient care and 50 per cent of outpatient care services. In addition to the Ministry of Health, Ministry of Defense, Department of Police, Department of Prisons and Department of Motor Traffic provide health services as per the requirement. Few local government authorities such as selected municipal councils are responsible for providing preventive and curative care services to

their taxpayers. Table 1.2 presents the range of health institutions functioning under the Ministry of Health, Provincial Ministries, and other government institutions that provide health services.

Table 1.2: Number of health institutions managed by Line Ministry, Provincial Ministries and Other Government Ministries by hospital category, 2024

	Level of care	Line	Provincial	Other	Total
	Tertiary Care Hospitals				
	National Hospital	3	–	–	3
	Teaching Hospital	12	–	1	13
	Specialized Teaching Hospital	7*	–	–	7
	Other Specialized Hospital	9	5**	–	14
	Board Managed Hospital (Tertiary Care)	1	–	–	1
	District General Hospital	13	7	–	20
	Secondary Care Hospitals				
	Base Hospital-Type A	7	29***	–	36
	Base Hospital-Type B	1	44	–	45
	Board Managed Hospital (Secondary Care)	1	–	–	1
	Primary Care Hospitals				
Ministry of Health	Divisional Hospital-Type A	1	65	–	66
	Divisional Hospital-Type B	1	148	–	149
	Divisional Hospital-Type C	1	272	–	273
	Primary Medical Care Unit	1	549	1	551
	PMCU & MH	–	2	5	7
		Other Institutions			
	University Health Centre	1	–	–	1
	STD Clinic	2	25	–	27
	Chest Clinic	–	23	–	23
	MOH	2	356	1	359
	RDHS	–	26	–	26
	NTS	18	–	–	18
	PDHS	–	9	–	9
	Campaigns, Schools & etc.	41	101	–	142
Other Ministries	Prison Hospital	–	–	10	10
	Police Hospital	–	–	2	2
	Army Hospital	–	–	12	12
	Navy Hospital	–	–	7	7
	Air Force Hospital	–	–	22	22

Source: Medical Statistics Unit

Note:* Including Dental institute, Peradeniya ** Including “ Arunalu”M. H. R. Unit, Uhumeeya,

*** Considering Diyathalawa and Bandarawela separately

The Ministry of Health of the central government is the leading agency providing stewardship to health service development and regulation. It is also responsible for ensuring resources for health such as trained human resources, drug supply and major health infrastructure development.

The delivery of care in the public sector is decentralized and management of primary care in some specialized allopathic hospitals are done by the provincial health authorities.

1.4. Utilization of Hospital Beds

Inpatient capacity of the hospital system is measured by the hospital bed strength. Total number of reported beds is 91,159 in 2024. During the period from 2018 to 2024, approximately 6431 beds were added to the health system. Indicators related to bed strength is shown in Table 1.3.

Table 1.3: Number of hospitals with indoor facilities, hospital beds and bed utilization, 2018 – 2024

Item	2018	2019	2020	2021	2022	2023	2024
Hospitals with indoor facility	641	643	646	648	651	648	669
Total Hospital Beds	84,728	86,589	87,280	90,240	89,903	90,392	91,159
Total Inpatient Beds	77,903	77,825	79,098	83,868	82,955	83,406	83,949
Bed Occupancy Rate	61.1	61.2	48.4	47.8	53	57.7	57.5
Bed Turnover Rate	93.1	97.6	77.3	65.9	79.5	88.9	92.1
Hospital Beds per 1,000 Population	3.9	4	4	4.1	4.1	4.1	4.2
Inpatient Beds per 1,000 Population	3.6	3.6	3.6	3.8	3.8	3.8	3.9

Source: Medical Statistics Unit

Note: Excluding non-reported hospitals

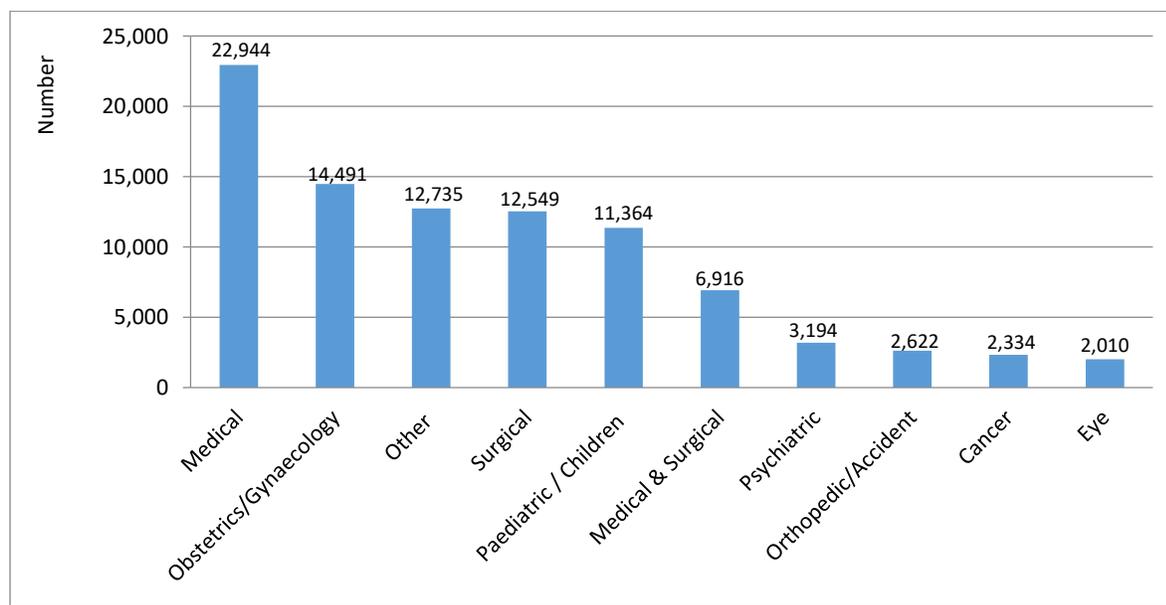


Figure 1.4: Total number of hospital beds by type of wards, 2024

Source: Medical Statistics Unit

Medical - includes beds in medical and surgical intensive care units, wards for priests, armed service and medical and surgical paying wards

Paediatric/ Children- Beds in premature baby units

Other- Mixed wards with beds for Obstetrics, Psychiatry, Skin, ENT, Eye, Dental, Neurology, Surgery, Tuberculosis and Haematology, Communicable Disease, Leprosy, Neurology, Genito Urinary, Cardiology, Thoracic Surgery, Plastic Surgery/Burns Unit, Rheumatology/ Rehabilitation, Dental & Other

Table 1.4: Number of hospital beds and bed range by type of institution, 2024

Type of institution	Number of hospitals	Number of Beds	Hospital bed range
Tertiary Care Hospitals			
National Hospital	3	8,244	2128 - 3365
Teaching Hospitals	12	17,068	579 - 2554
Specialized Teaching Hospital	7	2,891	36 - 1119
Other Specialized Hospital	14	4,842	13 - 1361
Board Managed Hospital (Tertiary Care)	1	1,022	1022
District General Hospitals	21	14,152	195 - 1118
Secondary Care Hospitals			
Base Hospitals - Type A	36	11,878	35 - 585
Base Hospitals - Type B	45	7,099	45 - 383
Board Managed Hospital (Secondary Care)	1	125	125
Primary Care Hospitals			
Divisional Hospitals - Type A	66	5,775	8 - 222
Divisional Hospitals - Type B	149	8,511	17 - 124
Divisional Hospitals - Type C	260	6,894	1 - 139
PMCU & MH	7	90	8 - 24
Other Hospitals			
Prison Hospital	10	367	8 - 184
Police Hospital	1	158	158
Army Hospital	1	950	950
Navy Hospital	7	572	15 - 209
Air Force Hospital	14	488	3 - 97
University Health Centre	1	33	33

Source: Medical Statistics Unit

Note: Excluding non- reported hospitals

1.5. Health Finance

Government tax revenue and out of pocket health expenditure of households is two main sources of health financing in Sri Lanka. Per capita health expenditure is Rs. 21,728 in year 2024. Summary of health expenditure is shown in Table 1.5.

Table 1.5: Summary of Health Expenditure, 2015-2024

Year	National Expenditure (Rs. Million)	Government Health Expenditure (Rs. Million)	Per Capita Health Expenditure (Rs.)	As a % of National Expenditure
2015	3,203,280	181,122	8,639	5.65
2016	3,106,443	192,535	9,081	6.20
2017	3,470,589	206,182	9,615	5.94
2018	3,970,636	234,899	10,840	5.92
2019	4,075,827	262,436	12,037	6.44
2020	4,457,390	250,813	11,443	5.63
2021	4,879,195	246,158	11,110	5.05
2022	5,985,984	338,712	15,270	5.66
2023	10,674,332	411,753	18,685	3.86
2024	10,806,432	476,201	21,728	4.41

Source: Ministry of Finance, Economic Stabilization and National Policies

Note: Excluding private health sector

Data shows that government allocations for health services has increased in monetary terms over the years, however as a percentage of GDP health expenditure ranges between 1.4 – 1.6 per cent. (Figure 1.5).

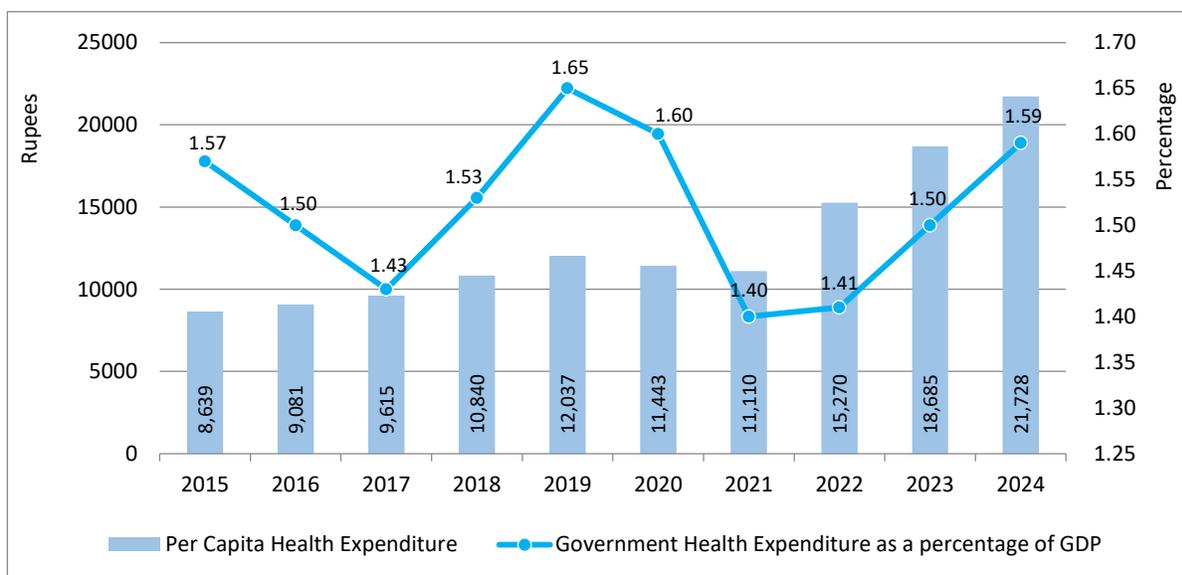


Figure 1.5: Per capita health expenditure and health expenditure as a percentage of GDP, 2015-2024

Source: Ministry of Finance, Economic Stabilization and National Policies

Note: Excluding private health sector

Base year for current GDP estimates were year 2015

1.6. Health Workforce

Sri Lanka has almost reached the WHO-identified minimum density threshold of skilled health personnel per 10,000 population. Curative and preventive sector health workforce comprises with medical officers, nursing officers, public health inspectors, and midwives and its composition is shown in Figure 1.6.

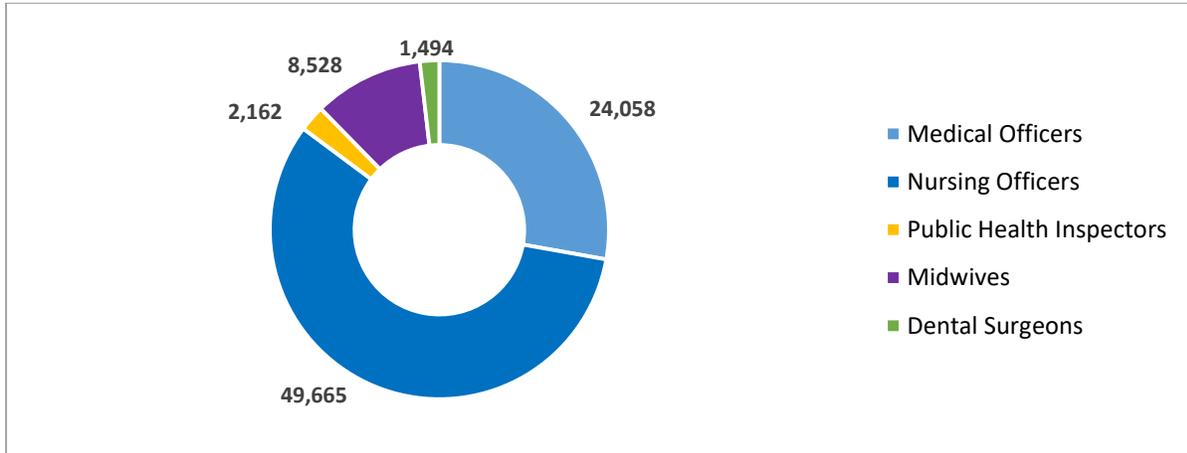


Figure 1.6: Composition of health workforce, 2024

Source: Medical Statistics Unit

Number of medical officers and nursing officers in the Ministry of Health has been steadily increasing and this lead to an improvement in the number of health workers per population.

In year 2010, there were 70.9 medical officers per 100,000 population and by 2024, the figure increased to 110 per population. For the nursing officers the figure was 171.1 per 100,000 population in 2010 and 228 per population in 2024.

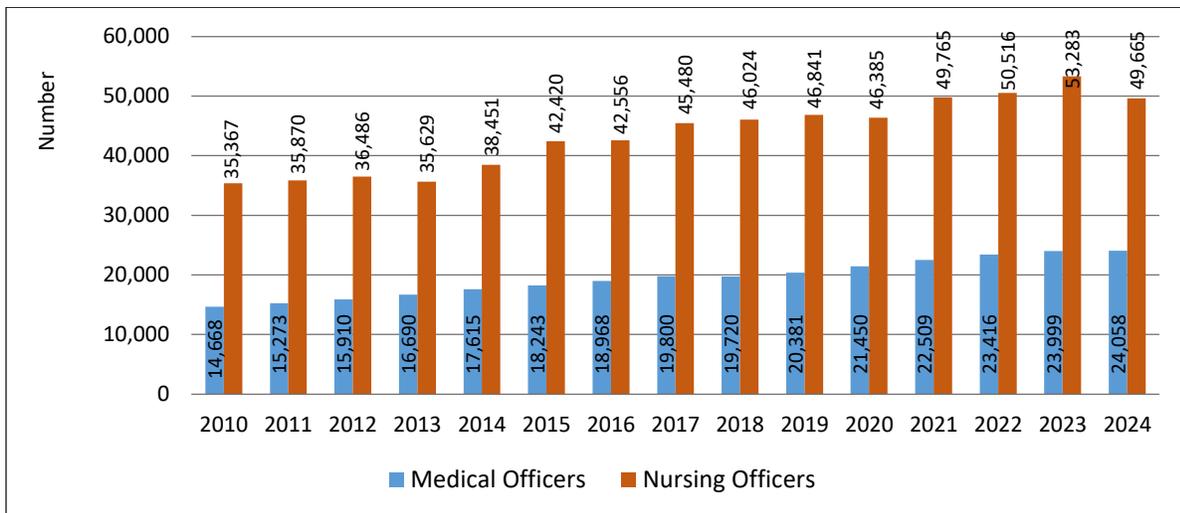


Figure 1.7: Number of medical officers and nursing officers, 2010-2024

Source: Medical Statistics Unit

Health Status

2. Morbidity and Mortality

2.1. Concepts

Morbidity

Morbidity refers to the state of being diseased or unhealthy within a population. Morbidity statistics measure the extent of a nation's health and the provision of health facilities. Morbidity data can be used to measure which medical facilities are utilized and to investigate patterns of the occurrence of illness.

Mortality

Mortality refers to the incidence of death or the number of deaths in a population. Mortality indicators play a vital role in determining the size, growth and structure of the population. It is considered the most striking demographic event worldwide. Mortality trends reflect the health status of a country. Mortality statistics are useful in public health administration to determine the requirements of the health sector and to evaluate the progress of public health programmes in different aspects of health.

Furthermore, the collection and analysis of mortality information helps:

1. To identify the levels, patterns, and trends of mortality, including causes of death and their overall impact on mortality.
2. To observe age patterns of mortality
3. To compare mortality patterns between subpopulations
4. To identify demographic, social, economic, behavioural and environmental factors that influence levels and trends in mortality
5. To compare mortality levels between different populations

Table 2.1: Number of deaths reported by the Department of Registrar General and Government hospitals, 2017 - 2024

Year	Death reporting source		Percentage
	Department of Registrar General	Government hospitals**	
2017	140,357	52,338	37.4
2018	139,498	53,171	38.1
2019	146,397	58,976	40.4
2020*	132,431	47,830	36.1
2021	163,936	63,858	39.0
2022	179,792	66,498	37.0
2023	181,239	67,355	37.2
2024	171,194	68,301	39.9

Source: Department of Registrar General's, Medical Statistics Unit

*Total number of deaths declined in 2020 due to transport restrictions, lock down conditions, good practices followed by people and facilities provided by health sector.

**On admission deaths are not included

2.2. Data Collection

In Sri Lanka, morbidity data are available only on patients seeking treatment as inpatients from government hospitals that provide Western medicine. Morbidity data of patients attending outpatient departments of government hospitals are not available. Indoor Morbidity and Mortality Return (IMMR) is the main source of morbidity data. The Medical Statistics Unit (MSU) collects this return quarterly from all government hospitals with indoor facilities. Since 1996, IMMR has been based on the 10th revision of the International Classification of Diseases (ICD-10th version).

Hospitals where computers and internet facilities are available send their data through a web-based system called eIMMR. Final diagnosis, as mentioned in Bed Head Tickets (BHTs) of patients, are recorded in a formal register, and then summarized to complete the IMMR return. Hospitals, which send data through eIMMR, can directly enter final diagnosis of a patient into the system and the system generates an IMMR report. It is a duty to be performed by Medical Recording Officer in the hospital record room or the hospital statistics unit.

It should be noted that repeat visits, transfers and multiple admissions of the same patient for the same disease are reflected in morbidity data as additional cases. Therefore, morbidity data available in Sri Lanka should be interpreted with caution, considering the above limitations.

2.3. Total Hospitalizations

Hospitalization episodes from 2017 to 2024 are shown in Table 2.2. Annual hospitalizations ranged from 6 to 7 million during this period. According to the 2024 data, male hospitalizations are higher than those of females and 15 per cent of all hospitalizations occurred among persons aged 70 years and above.

Table 2.2: Total number of hospitalizations by sex and age groups, 2017- 2024

Year	Total	Sex		Age group (Years)				U*
		Male	Female	Less than 5	5-16	17-69	70 and above	
2017	6,910,249	3,448,273	3,461,976	579,279	720,814	4,821,387	783,099	5,670
2018	7,116,268	3,546,399	3,569,869	587,201	710,057	4,956,392	857,924	4,694
2019	7,477,860	3,740,535	3,737,325	585,622	727,950	5,214,168	945,026	5,094
2020	5,785,147	2,913,586	2,871,561	358,153	487,362	4,183,218	752,869	3,545
2021	5,314,193	2,740,319	2,573,874	298,849	392,348	3,957,241	661,854	3,901
2022	6,350,347	3,266,832	3,083,515	462,833	574,124	4,439,079	870,322	3,989
2023	6,949,732	3,581,722	3,368,010	491,394	679,246	4,771,292	1,004,386	3,414
2024	7,194,899	3,924,129	3,470,770	426,130	664,101	5,002,233	1,098,182	4,253

Source: Medical Statistics Unit

Note: Hospitals mentioned in Appendix did not report IMMR data

* U indicates age unspecified

2.4. Trends in Hospital Morbidity and Mortality

In 2024, a total of 7.13 million live discharges and 68,301 deaths were reported from government hospitals. Tertiary care hospitals accounted for the majority of hospital outcomes, contributing 52.5 per cent of all live discharges and a markedly higher 74.7 per cent of all in-hospital deaths, reflecting the concentration of critically ill and referred patients at this level. Within tertiary care, Teaching Hospitals recorded the highest share of deaths (30.5%) and a substantial proportion of live discharges (19.9%), followed by National Hospitals, which accounted for 17.6 per cent of deaths and 9.2 per cent of live discharges.

Table 2.3: Number and percentage distribution of live discharges and deaths by type of hospital and level of care, 2024

Type of Hospital	Live Discharges		Deaths	
	Number	%	Number	%
Tertiary Care Hospitals	3,742,616	52.52	51,007	74.68
National Hospital	654,395	9.18	12,049	17.64
Teaching Hospital	1,414,769	19.85	20,862	30.54
Specialized Teaching Hospital	162,304	2.28	489	0.72
Other Specialized Hospital	177,487	2.49	3,050	4.47
Board Managed Hospital (Tertiary Care)	49,509	0.69	797	1.17
District General Hospital	1,284,152	18.02	13,760	20.15
Secondary Care Hospitals	1,965,618	27.58	15,327	22.44
Base Hospital-Type A	1,210,177	16.98	10,596	15.51
Base Hospital-Type B	738,754	10.37	4,730	6.93
Board Managed Hospital (Secondary Care)	16,687	0.23	1	0.00
Primary Care Hospitals	1,375,161	19.30	1,792	2.62
Divisional Hospital-Type A	393,523	5.52	701	1.03
Divisional Hospital-Type B	547,249	7.68	745	1.09
Divisional Hospital-Type C	432,126	6.06	339	0.50
Primary Medical Care Unit	2,263	0.03	7	0.01
Other Hospitals	43,203	0.61	175	0.26
Prison Hospital	15,191	0.21	48	0.07
Police Hospital	6,446	0.09	15	0.02
Army Hospital	18,688	0.26	112	0.16
Navy Hospital	2,742	0.04	-	-
University Health Centre	136	0.00	-	-
Total	7,126,598	100.00	68,301	100.00

Source: Medical Statistics Unit

Secondary care hospitals together accounted for 27.6 per cent of live discharges and 22.4 per cent of deaths, with Base Hospitals Type A contributing the larger share within this category. Primary care hospitals were responsible for 19.3 per cent of live discharges but only 2.6 per cent of deaths, demonstrating their predominant role in managing less severe conditions and providing step-down care. Other institutions which belong to other ministries (prison, police, armed forces hospitals, and university health centres) contributed marginally to both live discharges and deaths.

During the past years hospital deaths have been increasing except in 2020. Table 2.4 presents the data related to live discharges and hospital deaths from 2017 to 2024.

Table 2.4: Number of live discharges and hospital deaths by sex, 2017 – 2024

Year	Live discharges			Hospital deaths		
	Total	Male	Female	Total	Male	Female
2017	6,857,911	3,417,870	3,440,041	52,338	30,403	21,935
2018	7,063,097	3,515,323	3,547,774	53,171	31,076	22,095
2019	7,418,884	3,706,458	3,712,426	58,976	34,077	24,899
2020*	5,737,317	2,885,697	2,851,620	47,830	27,889	19,941
2021*	5,250,335	2,702,814	2,547,521	63,858	37,505	26,353
2022*	6,283,849	3,228,220	3,055,629	66,498	38,612	27,886
2023*	6,882,377	3,542,668	3,339,709	67,355	39,054	28,301
2024	7,126,598	3,684,839	3,441,759	68,301	39,290	29,011

*Hospitals mentioned in Appendix did not report IMMR data

Source: Medical Statistics Unit

2.4.1. Leading Causes of Hospitalization

Table 2.5 presents the distribution of male hospitalizations by cause and age group in 2024. Traumatic injuries were the leading cause across all age groups, with the highest number reported among males aged 17–69 years. Symptoms, signs and abnormal clinical findings, diseases of the urinary system, and respiratory diseases were other major causes of hospitalization, predominantly affecting adult and older male populations. Non-communicable diseases, particularly ischaemic heart disease and neoplasms, were mainly concentrated among males aged 17 years and above, indicating a higher burden of chronic conditions in adult and elderly males.

Table 2.6 summarizes female hospitalizations by cause and age group in 2024. The highest number of hospitalizations occurred among females aged 17–69 years. Symptoms, signs and abnormal clinical findings were the leading cause, followed by traumatic injuries, diseases of the urinary system, and respiratory diseases. A substantial proportion of hospitalizations in adult females was due to direct and indirect obstetric causes, highlighting the contribution of maternal health services to inpatient care. Non-communicable diseases, including neoplasms and ischaemic heart disease, were mainly concentrated in adult and elderly females, with higher numbers observed in those aged 70 years and above.

Hospitalizations among the older age group (70 years and above) were predominantly due to chronic and degenerative conditions in both males and females. Ischaemic heart disease, diseases of the urinary system, respiratory diseases, and neoplasms accounted for a substantial proportion of admissions in this age group, reflecting the increasing burden of non-communicable diseases with advancing age.

Table 2.5: Number of male hospitalizations by cause and age group, 2024

Causes of Hospitalization	ICD Code (10 th Revision)	Less than 1	1-4	5-16	17-69	70 and above	Not Stated	Total
Traumatic injuries	(S00-T19, W54)	1,886	28,887	103,683	488,510	43,234	668	666,868
Symptoms, Signs and abnormal clinical findings	(R00-R99)	6,951	21,480	43,627	154,955	65,225	182	404,420
Diseases of the urinary system	(N00-N39, N99.0, N99.1, N99.4, N99.5)	1,285	2,965	8,836	218,158	45,096	97	276,437
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	(J20-J22, J40-J98)	10,830	22,613	38,100	101,166	55,155	157	228,021
Diseases of the gastrointestinal tract	(K20-K92)	1,194	3,547	15,810	152,747	29,408	54	202,760
Diseases of skin and subcutaneous tissue	(L00-L08, L10-L98)	829	3,849	8,745	95,017	25,228	62	133,730
Diseases of the musculoskeletal system and connective tissue	(M00-M99)	146	1,129	8,376	80,166	12,676	26	102,519
Diseases of the eye and adnexa	(H00-H59)	372	1,534	6,267	60,262	24,106	13	92,554
Viral diseases	(A80-B34)	3,198	11,543	17,072	61,391	6,386	18	99,608
Neoplasms	(C00-D48)	186	2,389	5,324	50,067	16,586	5	74,557
Ischaemic heart disease	(I20-I25)	8	6	95	68,808	25,539	127	94,593

Source: Medical Statistics Unit

Overall, male hospitalizations were higher for traumatic injuries, with males accounting for nearly twice the number of injury-related admissions compared to females, particularly in the 17–69 year age group. Ischaemic heart disease also showed a higher burden among males across adult and elderly age groups.

In contrast, female hospitalizations were higher for symptoms, signs and abnormal clinical findings, and diseases of the urinary system, especially among adults. Neoplasms were more frequently reported among females than males, reflecting a higher utilization of inpatient care for cancer-related conditions among women.

Hospitalizations due to respiratory, gastrointestinal, skin, musculoskeletal, eye, and viral diseases showed broadly comparable patterns between males and females, with most admissions occurring in

the 17–69 year age group. A distinct feature among females was the substantial contribution of direct and indirect obstetric causes, which accounted for a large number of admissions and was absent among males.

Table 2.6: Number of female hospitalizations by cause and age group, 2024

Causes of hospitalization	ICD Code (10 th Revision)	Less than 1	1-4	5-16	17-69	70 and above	Not Stated	Total
Traumatic injuries	(S00-T19, W54)	1,782	23,979	50,153	219,535	44,820	145	340,414
Symptoms, Signs and abnormal clinical findings	(R00-R99)	6,267	16,948	46,089	282,797	61,353	88	413,542
Diseases of the urinary system	(N00-N39, N99.0, N99.1, N99.4, N99.5)	790	2,534	8,639	150,734	29,098	49	191,844
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	(J20-J22, J40-J98)	7,893	18,125	31,863	102,202	42,070	104	202,257
Diseases of the gastrointestinal tract	(K20-K92)	791	3,078	18,519	120,276	25,494	23	168,181
Diseases of skin and subcutaneous tissue	(L00-L08, L10-L98)	851	3,338	7,029	69,218	19,796	14	100,246
Diseases of the musculoskeletal system and connective tissue	(M00-M99)	121	936	6,593	71,477	14,782	21	93,930
Direct and indirect obstetric causes	(O10 - O46, O48 - O75, O81 - O99, Z35)	–	–	702	192,010	-	183	192,895
Diseases of the eye and adnexa	(H00-H59)	336	1,283	4,340	61,748	28,445	15	96,167
Viral diseases	(A80-B34)	2,692	9,503	14,559	50,255	6,915	7	83,931
Neoplasms	(C00-D48)	269	1,859	3,716	77,749	15,794	2	99,389
Ischaemic heart disease	(I20-I25)	7	7	92	46,912	24,296	69	71,383

Source: Medical Statistics Unit

2.4.2. Leading Causes of Hospital Deaths

Total number of government hospital deaths reported in 2024 was 68,301. Ischaemic heart disease was the leading cause of male deaths overall, with the highest burden observed among men aged 17–69 years (2,593 deaths) and 70 years and above (2,246 deaths), indicating a strong association with advancing age.

Zoonotic and other bacterial diseases and diseases of the respiratory system (excluding pneumonia and influenza) also contributed substantially to male mortality, particularly among those aged 70 years and above, highlighting vulnerability to infectious and chronic respiratory conditions in older men.

Neoplasms accounted for a considerable number of deaths, mainly in the 17–69 years age group, reflecting the impact of cancers during the economically productive years of life. Pneumonia showed a pronounced age gradient, with deaths increasing markedly among men aged 70 years and above, underscoring age-related susceptibility and comorbidities. Cerebrovascular disease and pulmonary heart disease and diseases of the pulmonary circulation were major contributors to mortality among middle-aged and elderly men, consistent with the burden of non-communicable diseases.

Traumatic injuries contributed relatively fewer deaths overall but had a higher impact among children (5–16 years) and working-age males (17–69 years) compared to the elderly. Deaths among infants and young children (under-5 years) were comparatively low across most causes: however infections such as pneumonia and bacterial diseases remained relevant. Overall, the mortality data demonstrate that non-communicable diseases dominate male mortality, particularly among adults and the elderly, while infectious diseases and injuries continue to contribute to deaths at younger ages, indicating the need for age-specific prevention and control strategies.

Table 2.7: Number of male deaths by cause and age group, 2024

Causes of Death	ICD Code (10 th Revision)	Less than 1	1-4	5-16	17-69	More than 70	Not Stated	Total
Zoonotic and other bacterial diseases	(A20-A49)	31	14	28	2597	2,167	7	4,844
Ischaemic heart disease	(I20-I25)	–	–	1	2593	2,246	27	4,867
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	(J20-J22, J40-J98)	20	8	14	1816	3,000	7	4,865
Neoplasms	(C00-D48)	5	21	52	2110	1,073	2	3,263
Pneumonia	(J12-J18)	28	13	25	1494	1,773	12	3,345
Cerebrovascular disease	(I60-I69)	3	–	6	1677	1,203	23	2,912
Pulmonary heart disease and diseases of the pulmonary circulation	(I26-I51)	8	7	10	1251	1,035	7	2,318
Diseases of the gastrointestinal tract	(K20-K92)	8	–	4	2144	621	5	2,782
Diseases of the urinary system	(N00-N39, N99.0, N99.1, N99.4, N99.5)	3	3	5	1150	849	3	2,013
Traumatic injuries	(S00-T19, W54)	6	7	40	1161	380	68	1,662
Symptoms, signs and abnormal clinical and laboratory findings	(R00-R99)	20	5	8	343	235	4	615
Diseases of the nervous system	(G00-G98)	10	8	20	286	207	2	533

Source: Medical Statistics Unit

Table 2.8: Number of female deaths by cause and age group, 2024

Causes of Death	ICD Code (10 th Revision)	Less than 1	1-4	5-16	17-69	More than 70	Not Stated	Total
Zoonotic and other bacterial diseases	(A20-A49)	23	16	26	2035	2,185	1	4,286
Ischaemic heart disease	(I20-I25)	1	–	–	1427	2,108	5	3,541
Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	(J20-J22, J40-J98)	12	8	19	945	2,350	2	3,336
Neoplasms	(C00-D48)	5	13	33	2052	837	–	2,940
Pneumonia	(J12-J18)	25	9	17	980	1,581	4	2,616
Cerebrovascular disease	(I60-I69)	–	–	4	815	1,176	3	1,998
Pulmonary heart disease and diseases of the pulmonary circulation	(I26-I51)	5	7	5	947	1,196	3	2,163
Diseases of the gastrointestinal tract	(K20-K92)	3	6	2	611	596	3	1,221
Diseases of the urinary system	(N00-N39, N99.0, N99.1, N99.4, N99.5)	1	1	9	870	725	2	1,608
Traumatic injuries	(S00-T19, W54)	4	5	10	282	256	10	567
Symptoms, signs and abnormal clinical and laboratory findings	(R00-R99)	13	2	6	183	226	2	432
Diseases of the nervous system	(G00-G98)	8	14	14	187	138	2	363

Source: Medical Statistics Unit

Zoonotic and other bacterial diseases constituted the leading cause of female deaths overall, with a substantial burden among women aged 17–69 years (2,035 deaths) and 70 years and above (2,185 deaths), indicating continued vulnerability to infectious diseases at older ages. Ischaemic heart disease was a major cause of female mortality, particularly in the elderly age group, where deaths (2,108) exceeded those in the 17–69 year group, reflecting the increasing cardiovascular risk with ageing among women. Diseases of the respiratory system (excluding pneumonia and influenza) showed a strong age gradient, with the highest number of deaths occurring among women aged 70 years and above (2,350 deaths).

Male mortality in 2024 was generally higher and occurred at younger ages, particularly for cardiovascular diseases, injuries, and infections, while female mortality was more concentrated at older ages, especially for ischaemic heart disease, respiratory diseases, and pneumonia. This highlights the need for sex- and age-specific prevention strategies, with stronger emphasis on risk factor control among men in midlife and improved chronic disease and infection management among elderly women.

3. Health Related Sustainable Development Goals (SDG)

SDG 3 aims to ensure healthy lives and promote well-being for all individuals at all ages. In May 2016, a national workshop was conducted to identify core health indicators relevant to Sri Lanka and to determine the most appropriate data sources for these indicators. The workshop also discussed whether routine data or special surveys would be required to obtain the necessary information and emphasized the need for equity stratification.

Based on the outcomes of the workshop, the Ministry of Health in Sri Lanka identified and finalized 46 health-related indicators. These comprised 38 SDG 3 health indicators, with the 13 core SDG 3 indicators further disaggregated into 38 indicators. Among these, 16 indicators were specifically selected to measure progress towards achieving Universal Health Coverage (UHC). In addition, eight indicators were identified as non-SDG 3 indicators but were still related to health.

To oversee and support progress towards achieving the SDG 3 Core Health Indicators (CHI) in Sri Lanka, the Ministry of Health established the National Steering Committee on SDG 3 in January 2017. In 2021, meetings of the National Steering Committee were held to review progress and guide efforts towards achieving the SDG 3 targets. Another important milestone in 2021 was the development of a strategic plan aimed at achieving the SDG 3 targets by 2030.

The SDG Steering Committee meeting held in 2024 culminated in several important decisions, including measures to reduce the maternal mortality ratio, under-five mortality rate, and neonatal mortality rate, as well as revisions to certain indicators to better reflect the health situation in the country.

Following the establishment of the SDG Council, a consultative meeting was organized to develop a strategic framework and assign responsibilities for monitoring the indicators. Additionally, specific SDG indicators were entrusted to other organizations for reporting, reflecting a collaborative approach and shared responsibility in achieving the targets of SDG 3 in Sri Lanka.

Responsibility of reporting the following SDG indicators were entrusted to other organizations.

3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	WHO
3.4.2	Suicide mortality rate	Sri Lanka Police
3.6.1	Death rate due to road traffic injuries	Sri Lanka Police
3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income	DCS
3.9.1	Mortality rate attributed to household and ambient air pollution	WHO
3.9.3	Mortality rate attributed to unintentional poisoning	RGD
3.b.2	Total net official development assistance to medical research and basic health sectors	OECD

Table 3.1: Baseline values, targets set for 2030 and the current values for the SDG 3 indicators

Indicator number	Indicator	Primary data source	Baseline	2020	2021	2022	2023	2024	Target for 2030
3.1.1	Maternal mortality rate (per 100,000 live births)	FHB	33.7 (2015)	29.5	47	33	25	-	16
3.1.2	Births attended by skilled health personnel (%)	DHS*	99.5(2016)	-	-	-	-	-	100
		FHB		99.9	99.9	99.9	99.9	99.9	
3.2.1	Children under-five mortality rate (per 1,000 live births)	RGD	9.8 (2013)	-	-	-	-	-	5
		FHB		9.8	10.5	12	12.5	12.1	
3.2.2	Neonatal mortality rate (per 1,000 live births)	RGD	5.9 (2013)	-	-	-	-	-	3
		FHB		6.3	6.5	7	7.2	7.2	
3.3.1	HIV incidence rate (per 1,000 population)	NSACP	0.01	0.01	0.01	0.01	0.01	0.01	<0.01
3.3.2	TB incidence rate (per 100,000 population)	NPTCCD	65 (2015)	32.2	29.7	36.6	41.6	40.1	13
3.3.3	Malaria Incidence per 1,000 population	AMC	0	0	0	0	0	0	0
3.3.4	Hepatitis B incidence per 100,000 children 5 years of age	Survey has been done and the baseline and targets are yet to be finalized							

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Indicator number	Indicator	Primary data source	Baseline	2020	2021	2022	2023	2024	Target for 2030
3.3.5	i) Number of people requiring interventions against Neglected Tropical Diseases (NTD)								
	Dengue - Incidence of dengue cases per 100,000 population in a given year (number receiving treatment for dengue - reported cases)	DCP	41,819 (2012-2016)	34,411	35,924	76,689	89,799	49,870	21,000
	Rabies - Number of deaths due to human rabies	PHVS	23 (2017)	26	25	27	16	20	0
	Filariasis - Number of new lymphedema cases due to filariasis receiving treatment per year	AFC	753 (2016)	523	322	553	908	1,109	0
	Leprosy - Number receiving treatment for leprosy per year	ALC	1,973 (2016)	1,137	993	1,327	1,580	1,350	1,000
	Leishmaniasis - Number of reported cases of leishmaniasis per year	Epidemiology Unit	1,113 (2016)	3,162	2,637	3,417	4,277	4,448	<1
3.5.2	Alcohol per capita consumption (Aged 15 years and older) (liters per person)	NATA	4.3 (2016)	3.56	4.63	2.23	-	-	3.8
3.7.1	Proportion of women of reproductive age (Aged 15 - 49 years) who have their need for family planning satisfied with modern methods. (%)	DHS*	74.2(2016)	-	-	-	-	-	81
		RHMIS	78.5 (2016)	79.5	79.9	80.3	80.6	80.7	
3.7.2	Adolescent fertility rate per 1,000 women in the 15-19 years age group	DHS*	30 (2016)	-	-	-	-	-	25

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Indicator number	Indicator	Primary data source	Baseline	2020	2021	2022	2023	2024	Target for 2030
3.8.1	ii) Reproductive, maternal, newborn and child health Coverage of essential health services – 14 tracer indicators								
3.8.1.1	Family Planning: Percentage of women of reproductive age (%)	DHS*	74.2 (2016)	-	-	-	-	-	-
3.8.1.2	Pregnancy and delivery care: Antenatal care coverage - at least four visits (%)	DHS*	98.8(2016)	-	-	-	-	-	>99
3.8.1.3	Child immunization: Percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine (Instead of DPT, Sri Lanka is giving PENTA 3.) (%)	Epidemiology Unit	DPT 3 - 97 (2016) Instead of DPT 3, Sri Lanka is giving PENTA 3	96	97	98	98	97	100
3.8.1.4	Child treatment: Care-seeking for symptoms of Acute Respiratory Infections (ARI) (%)	DHS*	52.3(2016)	-	-	-	-	-	-
	iii) Infectious diseases								
3.8.1.5	Tuberculosis: TB treatment success rate (%)	NPTCCD	84.6(2016)	84.2	79.4	78.1	79.6	-	> or = 90
3.8.1.6	HIV/AIDS: Antiretroviral Therapy (ART) coverage (%)	NSACP	15.3 (spectrum software) (2016)	51.72	58.4	68.2	71.0	-	>90.0

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Indicator number	Indicator	Primary data source	Baseline	2020	2021	2022	2023	2024	Target for 2030
3.8.1.8	Population using safely managed sanitation services (%)	DHS*	91.2 (2016)	-	-	-	-	-	-
	Population using safely managed drinking-water Service (%)	DHS*	90.4 (2016)	-	-	-	-	-	-
iv) Non communicable diseases									
3.8.1.9	Hypertension: Age-standardized prevalence of non-raised blood pressure (among adults aged 18+ regardless of treatment status (%))	STEPS*	74 (2015)	-	-	-	65.2	-	80
3.8.1.10	Diabetes: Age-standardized mean fasting plasma glucose (mg/dl) for adults aged 18 to 69 years (%)	STEPS*	81.6 (2015)	-	-	-	104	-	80
3.8.1.11	Tobacco: Age-standardized prevalence of adults >=15 years not smoking tobacco in last 30 days (%)	STEPS*	74.2 (2015)	-	-	-	73.8	-	90
v) Service capacity and accesses									
3.8.1.12	Hospital access: Hospital beds per 10,000 population (relative to a maximum threshold of 18 per 10,000 population)	Medical Statistics Unit	38.5 (100%)	39.8 (100%)	40.7 (100%)	40.5 (100%)	41 (100%)	41.9 (100%)	Maintain at same level

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Indicator number	Indicator	Primary data source	Baseline	2020	2021	2022	2023	2024	Target for 2030
3.8.1.13	Health workforce:		Physicians -						
	Health worker density and distribution (per 1,000 population)		0.895(2016)	0.98	1.02	1.06	1.09	1.10	1.79
	Threshold values:	Medical Statistics Unit	Psychiatrists						
	Physicians - 0.9 per 1,000 population		0.32 (2016)	0.46	0.47	0.39	0.42	0.46	1.20
	Psychiatrists - 1 per 100,000 population		Surgeons -						
	Surgeons - 14 per 100,000 population		2.26 (2016)	2.74	2.83	2.81	2.80	2.89	3.80
3.8.1.14	Health security: International Health Regulations (IHR) core capacity index (%)	Quarantine Unit	43 (2018)	62	64	66	71	66	70
3.a.1	Age standardized prevalence of current tobacco use among persons aged 18-69 years (%)	STEPS*	25.8 (2015)	46.41	-	-	26.2	-	10
3.b.1	Proportion of the target population covered by all vaccines included in their national program (HPV immunization started in 2017 September) (%)	Epidemiology Unit	BCG (99.2)	BCG (99)	BCG (100)	BCG (99)	BCG (99)	BCG (98)	BCG (100)
			DPT3 (97)	PENTA (96)	PENTA (96)	PENTA3 (98)	PENTA3 (98)	PENTA3 (97)	PENTA 3 (100)
			Polio3 (96)	Polio 3 (96)	Polio 3 (96)	Polio 3 (98)	Polio 3 (98)	Polio 3 (97)	Polio 3 (100)
			MCV2 (99)	MCV 2 (97)	MCV 2 (97)	DPT4 (99)	DPT4 (99)	MCV2(98)	MCV 2 (100)
			TT (96.2)	TT (97)	DPT (97)	DT (97)	TT (98)	DT (97)	TT (100)
			HPV2(0)	HPV 2 (32)	DT (96)	TT (98)	MCV2(98)	HPV 2(90)	HPV 2 (100)
3.b.3	Availability of essential medicines and commodities (SARA)	SARA*	50%- Public - 100.0 Private-95.29						Maintain at same level
			75% - Public - 82.16 Private-80.26	-	-	-	-	-	
			90%- Public - 21.44 Private-53.04						

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Indicator number	Indicator	Primary data source	Baseline	2020	2021	2022	2023	2024	Target for 2030
3.c.1	Health worker density and distribution per 10,000 population	Medical Statistics Unit	Physicians-8.95(2016)	9.79	10.16	10.56	10.89	10.98	17.9
			Dental Surgeons 0.87(2016)	0.71	0.79	0.76	0.73	0.68	1.4
			Midwives/ Nurses 24.28(2016)	25.18	26.68	26.88	28.29	26.54	38.2
			Pharmacists 1.42(2016)	1.68	1.68	1.66	1.64	1.66	4.7
3.d.2	Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (%)		-	-	46.41	-	47.20	43.2	-

- Data Not Available

**This indicator is not reported annually*

4. Maternal and Child Mortality

4.1. Maternal Mortality

Maternal Mortality Ratio (MMR) is the globally accepted indicator to quantify the burden of maternal deaths in a country. MMR reflects obstetric risk, or the possibility that a woman could die during pregnancy. It is calculated as the number of maternal deaths per 100,000 live births. MMR is also used as an indicator to assess the overall maternal health and the health status of a country.

In 2023, out of all reported deaths, 62 were categorized as maternal deaths, resulting in a national Maternal Mortality Ratio (MMR) of 25.0 per 100,000 live births. The number of live births reported by the Department of Registrar General for 2023 was used as the denominator (247,900) which representing a reduction compared to 2022 figure of 275,321. Compared to the 2022 MMR, the reduction in MMR in 2023 is significant.

Live births	=	247,900*
Maternal deaths	=	62**
MMR	=	25.0 (per 100,000 live births)

Figure 4.1 depicts a gradual reduction in the number of confirmed maternal deaths from 2001 to 2023. Although there was a sudden and marked uptick in maternal deaths during COVID-19 pandemic period, the number returned to pre-pandemic levels. The final confirmed number of maternal deaths in 2023 was 62.

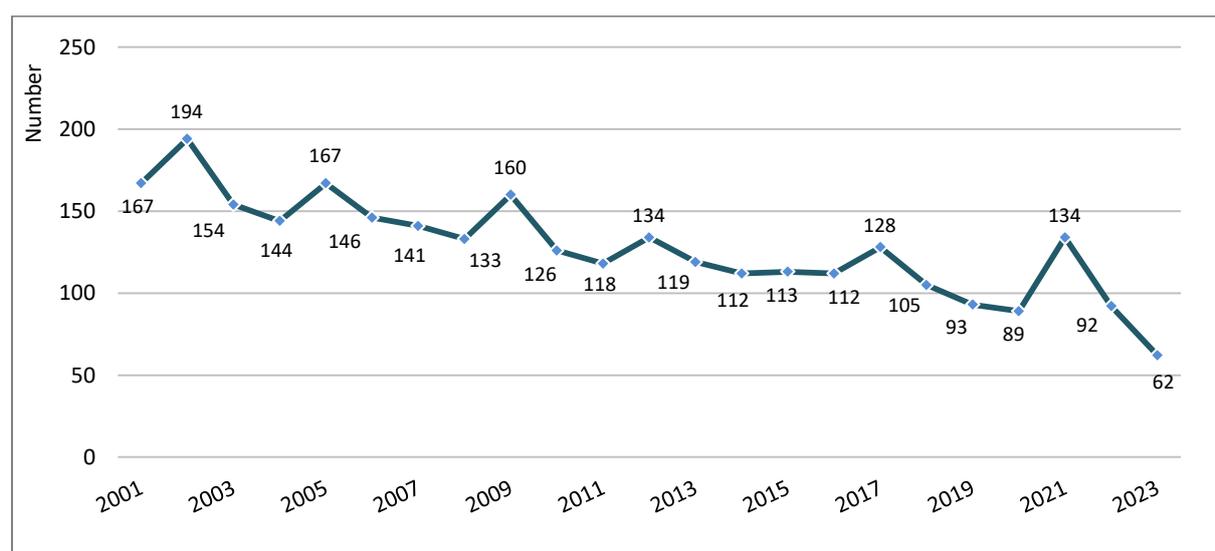


Figure 4.1: Number of maternal deaths, 2001 – 2023

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

Figure 4.2 shows the trend in the maternal mortality ratio (MMR) from 2001 to 2023. Although the country's MMR showed a gradual decline over the years, a sharp increase was observed in 2021 due to the impact of COVID-19. The MMR declined again in 2022. In 2023, the MMR further reduced to 25 per 100,000 live births, which is the lowest MMR ever reported in Sri Lanka.

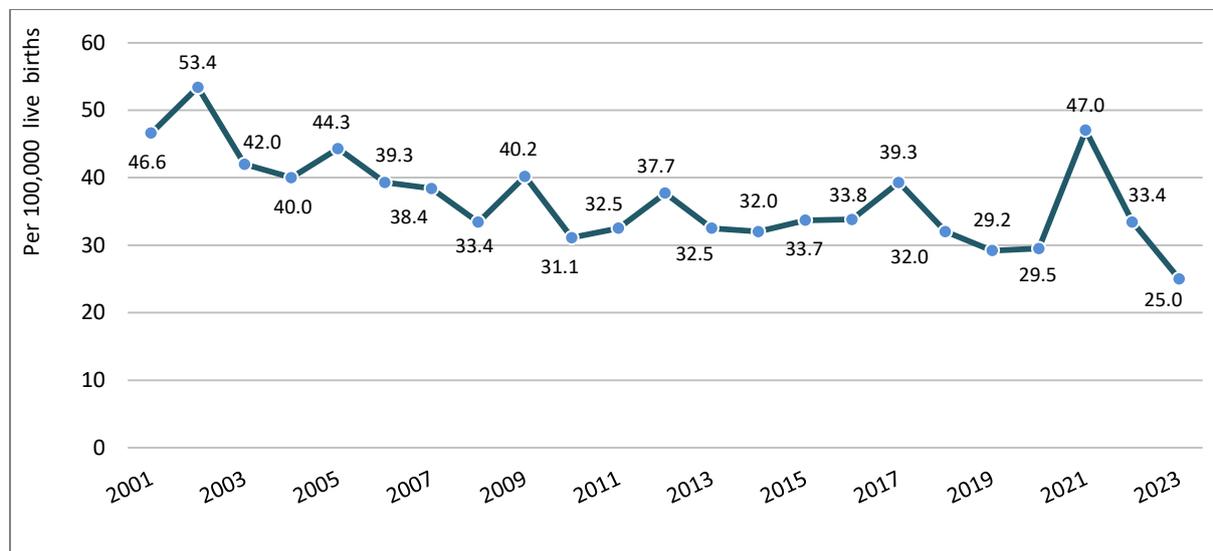


Figure 4.2: Trends in Maternal Mortality Ratio, 2001- 2023

Source: Maternal Morbidity, Mortality Surveillance Unit –Family Health Bureau

Location of maternal deaths

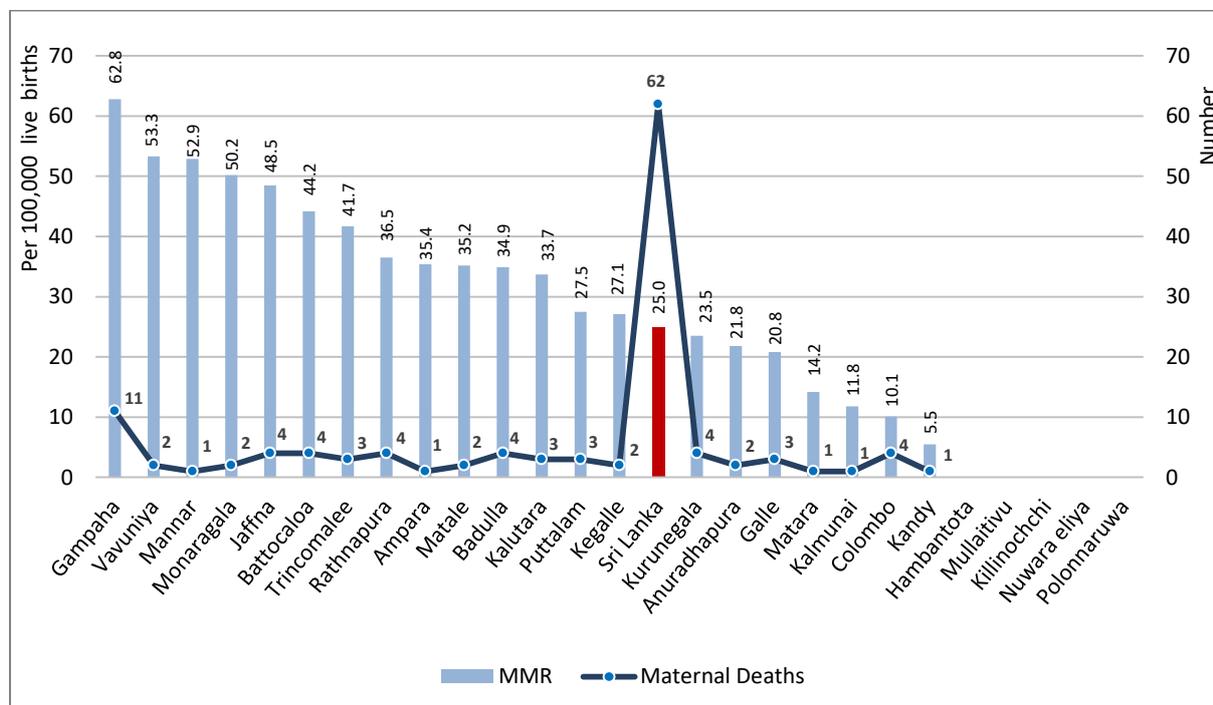


Figure 4.3: Number of maternal deaths and Maternal Mortality Ratio by RDHS division, 2023

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

Figure 4.3 shows the number of maternal deaths and the maternal mortality ratio (MMR) by RDHS division. When variability across RDHS divisions is considered, the highest MMR was reported from Gampaha at 62.8 per 100,000 live births. Other RDHS divisions with relatively high MMRs were Vavuniya, Mannar, Monaragala, and Jaffna. Five RDHS divisions, Hambantota, Mullaitivu, Kilinochchi, Nuwara Eliya, and Polonnaruwa reported zero maternal deaths, which is a remarkable achievement.

Table 4.1: Number of maternal deaths by RDHS division, 2021-2023

RDHS Division	2021	2022	2023
Colombo	18	9	4
Gampaha	18	11	11
Kalutara	6	7	3
Kandy	3	8	1
Matale	3	7	2
NuwaraEliya	7	4	0
Galle	2	3	3
Matara	4	4	1
Hambantota	5	1	0
Jaffna	7	2	4
Kilinochchi	3	1	0
Mannar	1	1	1
Vavuniya	2	1	2
Mullaitivu	0	0	0
Trincomalee	2	2	3
Batticaloa	3	3	4
Ampara	0	1	1
Kalmunai	6	1	1
Kurunegala	7	7	4
Puttalam	6	4	3
Badulla	3	2	4
Monaragala	3	4	2
Anuradhapura	5	3	2
Polonnaruwa	4	2	0
Ratnapura	8	2	4
Kegalle	8	1	2
Total	134	91	62

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

Cause of maternal deaths

Maternal deaths are classified into two distinct categories: direct and indirect obstetric deaths. Direct obstetric deaths result from complications related to the pregnant state, including pregnancy, labour, and the puerperium. These deaths may arise from interventions, omissions, incorrect treatment, or from a sequence of events arising from any of these factors.

In 2023, more than two-thirds (68%) of maternal deaths were due to direct obstetric causes. Indirect obstetric deaths occur due to pre-existing diseases or medical conditions that developed during pregnancy and were not due to direct obstetric causes but were aggravated by the physiological effects of pregnancy.

Table 4.2 presents the number of maternal deaths by cause during the period 2021–2023. In 2023, the leading cause of maternal deaths was obstetric haemorrhage, with a total of 12 deaths, of which

nine were due to postpartum haemorrhage. Obstetric haemorrhage was the third most common cause in 2022, indicating a notable increase in 2023.

Hypertensive disorders of pregnancy and other respiratory diseases were jointly ranked as the second leading causes in 2023, with eight deaths reported in each category. Reproductive sepsis, or sepsis originating from the reproductive system, ranked as the third leading cause, accounting for six deaths. Intentional self-harm was identified as the fourth leading cause, with five confirmed deaths in 2023, reflecting an increase compared to three deaths reported in 2022.

Overall, although the total number of maternal deaths and the maternal mortality ratio (MMR) declined significantly from 2022 to 2023, the distribution of causes of maternal deaths showed a noticeable shift.

Table 4.2: Number of maternal deaths by cause, 2021-2023

Causes of death	2021	2022	2023
COVID-19	60	-	-
Heart disease	16	10	3
Obstetric embolism	9	5	4
Obstetric haemorrhage	8	8	12
Abortion	6	4	2
Ruptured ectopic pregnancy	5	5	5
Medical disorders - other	5	5	-
Sepsis – other	5	7	-
Hypertensive disorders	4	5	8
CNS disease	4	10	4
Sepsis - reproductive	3	3	6
Other causes	2	3	3
Other respiratory diseases	2	13	8
Malignancy	2	2	
Intentional self-harm	2	3	5
Liver disease in pregnancy	1	5	1
Dengue hemorrhagic fever	-	3	1
Total	134	91	62

Source: Maternal Morbidity, Mortality Surveillance Unit - Family Health Bureau

4.2. Child Mortality

Stillbirth Rate

To reduce the stillbirth rate from 6.4 per 1000 births in 2013 to 3.5 per 1000 births by 2025, as outlined in Every Newborn Action Plan (WHO 2014), an interim target of 4.5 per 1000 births was set for 2020. However, the stillbirth rate has remained stagnant, fluctuating between 5.9 and 6.6 per 1000 births since 2014. This stagnation poses a challenge to achieving the SDG target of 2.2 per 1000 births by 2030. In 2024, the stillbirth rate reported through eRHMS was 6.0 per 1000 births, highlighting the need for greater emphasis on strengthening the antenatal and intrapartum care.

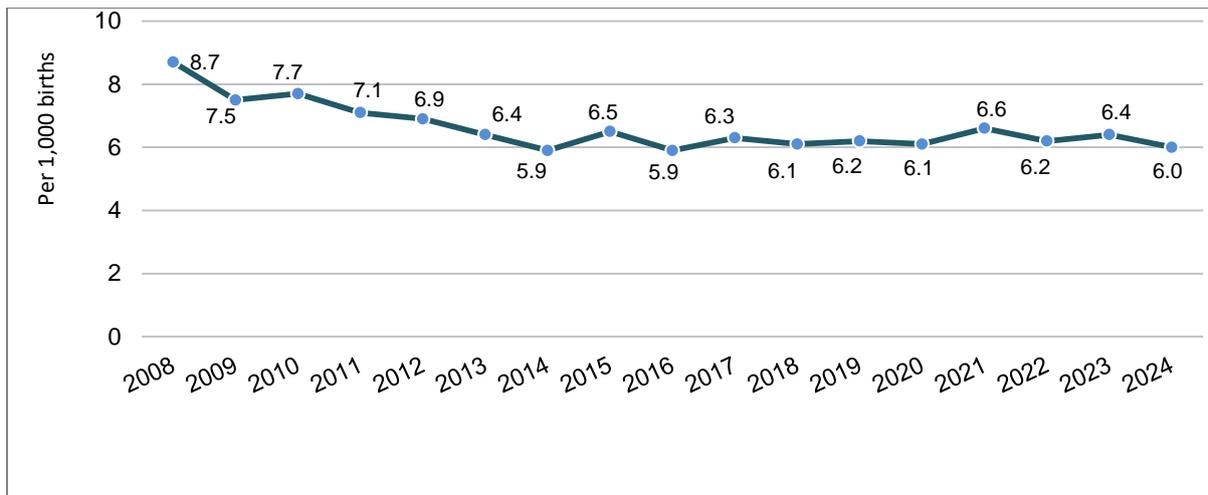


Figure 4.4: Trends in Stillbirth Rate, 2008-2024

Source: Family Health Bureau

Early Neonatal Mortality Rate (ENMR) and Neonatal Mortality Rate (NMR)

The ENMR for 2024, as reported by eRHMS, is 5.1 per 1000 live births. Reducing early neonatal deaths is crucial to achieving further reductions in neonatal and infant mortality rates. According to eRHMS data, both the ENMR and neonatal mortality rate (NMR) have shown an increasing trend since 2020, although a slight decline was observed in 2024. In line with the national strategic directions to achieve the SDG target by 2030, Sri Lanka needs to reduce the NMR to 2.2 per 1,000 live births.

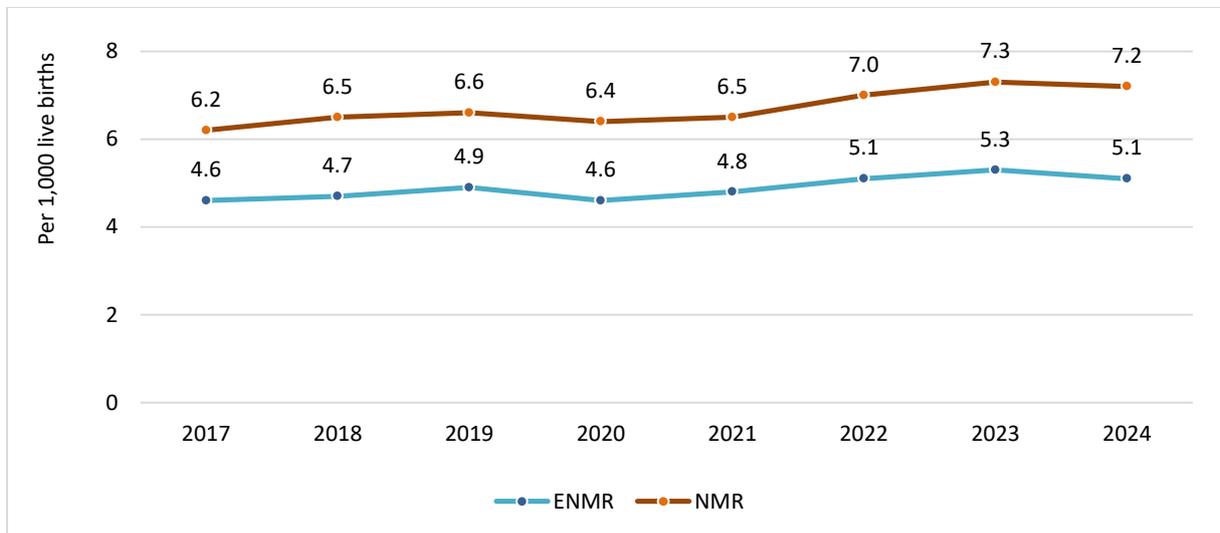


Figure 4.5: Trends in Early Neonatal Mortality Rate (ENMR) and Neonatal Mortality Rate (NMR), 2017-2024

Source: Family Health Bureau

To achieve the targets set for ENMR in 2030, and SBR priority packages of interventions have been identified to strengthen care during labour and child birth, essential newborn care, care of sick and small newborns and care beyond the newborn period. More investments are needed to improve this area.

Infant Mortality Rate

The Infant Mortality Rate (IMR) is a sensitive indicator of the health status of children and the social and economic conditions under which they live. It is also a good indicator of the availability, use and effectiveness of healthcare services.

The eRHMIS reports an IMR of 10.2 per 1000 live births in 2024, showing a slight reduction in the increasing trend of IMR since 2020.

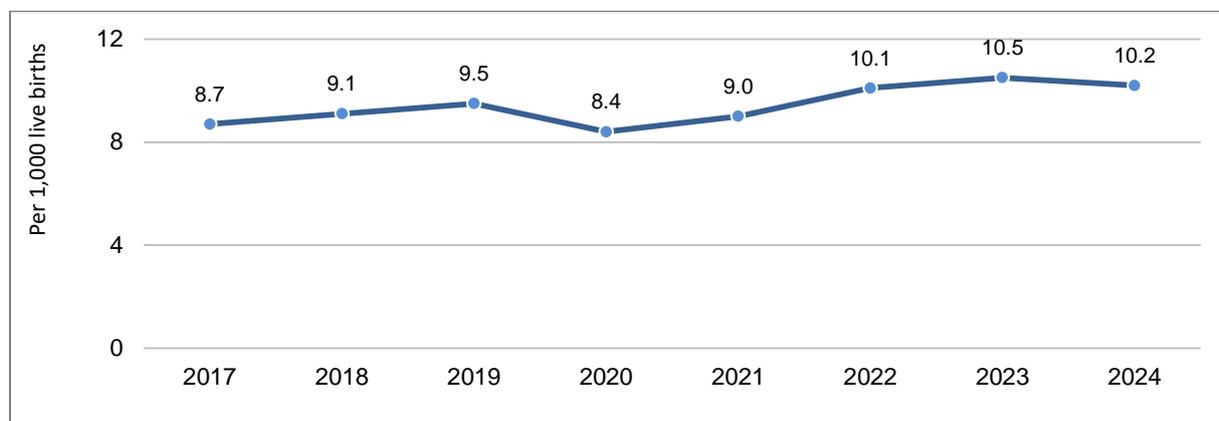


Figure 4.6: Trends in Infant Mortality Rate, 2017 - 2024

Source: eRHMIS, Family Health Bureau

Under-Five Mortality Rate

Sri Lanka has made remarkable progress in reducing under-five mortality rates over recent decades, largely due to a strong public health system, widespread immunization programmes, and comprehensive maternal and child health services. The eRHMIS reports an under-five mortality rate of 12 per 1000 live births in 2024, showing a slight increase since 2020.

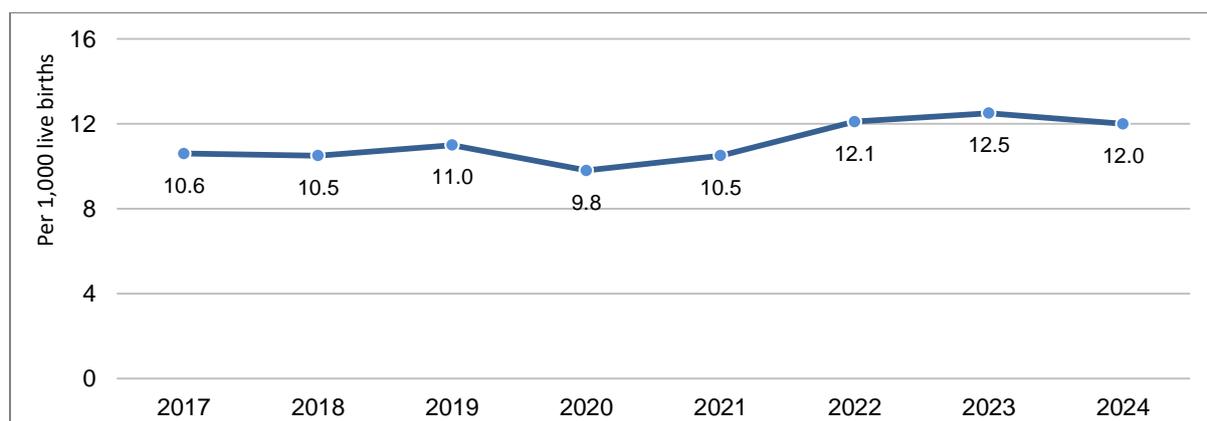


Figure 4.7: Trends in Under-Five Mortality Rate, 2017-2024

Source: Family Health Bureau

5. Infectious Diseases/ Communicable Diseases

Infectious diseases remain a significant public health concern in Sri Lanka, despite notable progress in healthcare delivery and disease control. These diseases, caused by pathogenic microorganisms such as bacteria, viruses, parasites, or fungi, can spread either directly or indirectly from one person to another. In Sri Lanka, infectious diseases including dengue fever, influenza, tuberculosis, and more recently, COVID-19, have posed considerable challenges to the healthcare system.

The country's tropical climate, coupled with factors such as rapid urbanization and high population density, creates an environment conducive to the transmission of various infectious agents. For instance, dengue fever, transmitted by *Aedes* mosquitoes, has become endemic, with periodic outbreaks causing significant morbidity and mortality.

The Ministry of Health continues to prioritize the prevention and control of infectious diseases through strategies such as immunization programmes, vector control initiatives, public health education, and the strengthening of disease surveillance systems. Ongoing efforts aim to mitigate the impact of infectious diseases and enhance the resilience of the healthcare system.

This section of the Annual Health Bulletin provides a comprehensive overview of the incidence, trends, and control measures related to infectious diseases in Sri Lanka, serving as a valuable resource for policymakers, healthcare professionals, and researchers.

5.1. Dengue Fever/ Dengue Haemorrhagic Fever

In 2024, Sri Lanka reported 49,870 dengue cases and 24 dengue related deaths, with a case fatality rate of 0.05 per cent. The progressive improvement in key performance indicators during the past five years is summarized in Table 5.1.

Table 5.1: National-level key performance indicators for dengue, 2020 - 2024

Indicator	2020	2021	2022	2023	2024
Number of reported suspected dengue cases	31,162	35,924	76,689	89,799	49,870
Number of dengue related deaths	36	28	72	62	24
Dengue Incidence (per 100,000 population)	141.5	162.1	345.7	407.5	228
Dengue case fatality rate (%)	0.12	0.08	0.09	0.07	0.05

Source: National Dengue Control Unit

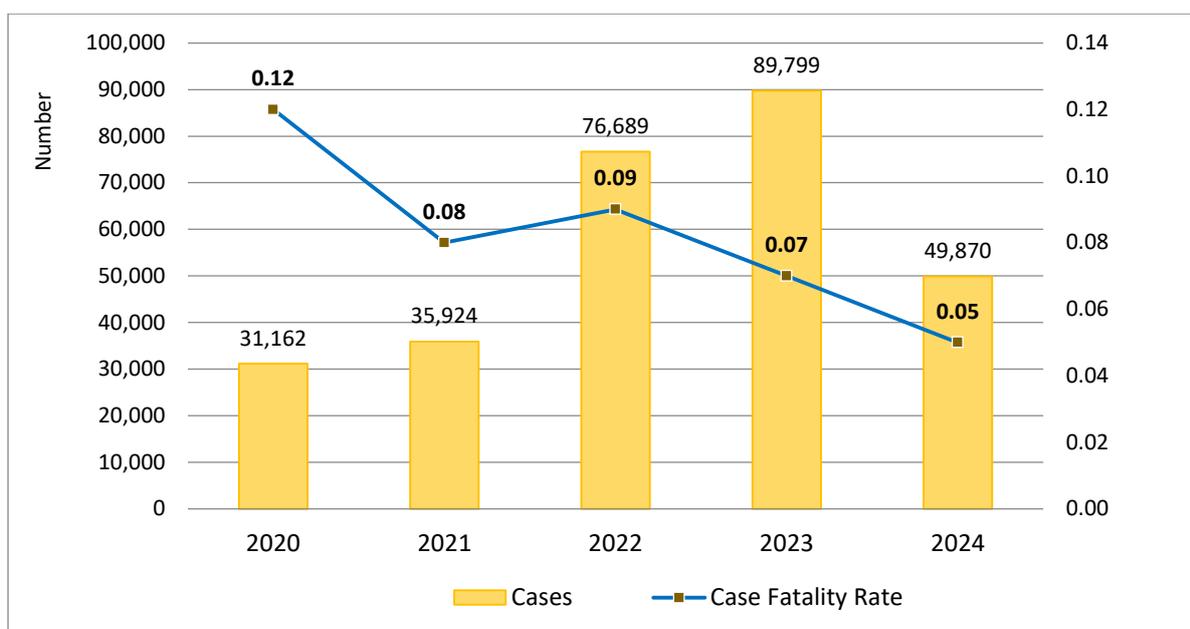


Figure 5.1: Number of reported dengue cases and Case Fatality Rate (CFR), 2020-2024

Source: National Dengue Control Unit

The disease burden and case fatality rate clearly illustrate a progressive improvement over the years, as depicted in figure 5.1.

Table 5.2: Dengue Control Targets and Indicators: Baseline (2022–2023), 2027 and 2030

Indicator	Base year (2022–2023)	2027	2030
Case-fatality rate due to dengue (%)	0.08	0.05*	0.0*
Incidence of dengue (cases per 100,000 population per year)	376	250	<100
Number of districts with reduced dengue incidence	District average baseline incidence	Incidence reduced by at least 40% from the 2022–2023 district average baseline in 75% of districts	Incidence reduced by at least 75% from the 2022–2023 district average baseline in all districts

Source: National Dengue Control Unit

* It is recommended that the Case Fatality Rate to be reviewed during mid-term evaluation and assessed with clinical management, logistics, reviews, training, etc., to see if zero mortality could be achieved in 2030 or if the target should be modified, taking feasibility into consideration.

Seasonality of Dengue

Dengue has perennial transmission in Sri Lanka, with two seasonal peaks associated with South-West and North-East monsoonal rains occurring during May-August and October-January, respectively (Figure 5.2).

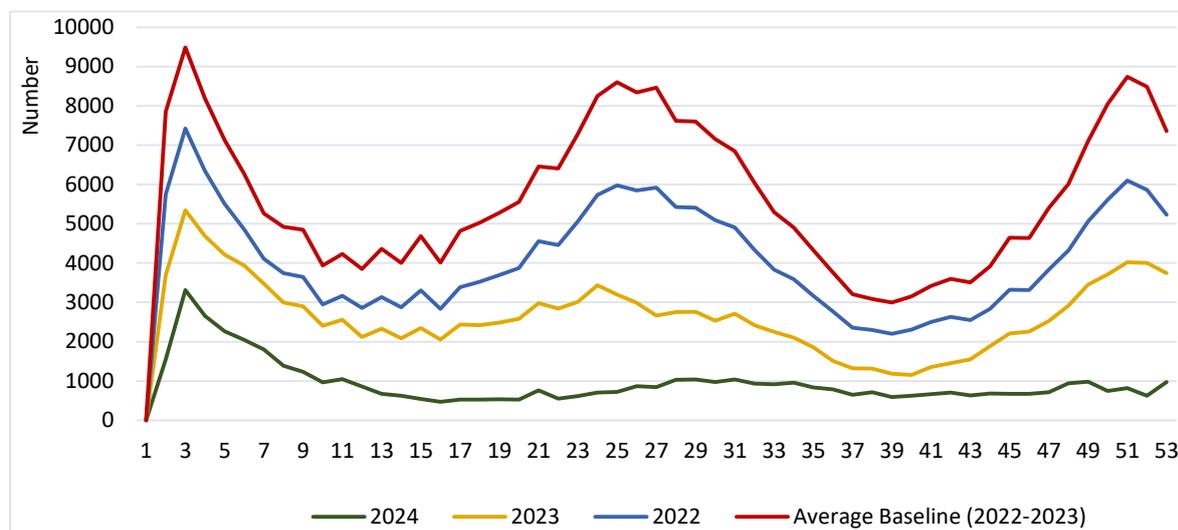


Figure 5.2: Number of reported dengue cases by week and year, 2022-2024

Source: National Dengue Surveillance System (NaDSys), NDCU

A comparison of the monthly distribution (temporal distribution) of reported dengue cases from 2022 to 2024 is presented in Table 5.3.

Table 5.3: Number of reported dengue cases by month, 2022 - 2024

Month	2022	2023	2024
January	7,702	8,963	10,752
February	2,962	6,709	6,047
March	3,040	6,419	3,629
April	4,019	7,617	2,234
May	6,483	9,696	2,650
June	11,218	9,916	3,312
July	11,437	7,369	4,519
August	6,907	5,189	3,896
September	4,527	2,605	2,772
October	4,781	4,010	2,963
November	5,416	7,995	3,497
December	8,197	13,311	3,599
Total	76,689	89,799	49,870

Source: National Dengue Surveillance System (NaDSys), NDCU

Of all dengue cases reported in 2024, 26.5 per cent were children of school-going age (5-19 years), while 61.6 per cent belonged to the economically productive age group of 20-64 years. The majority of reported dengue patients were male (56.7 per cent 28,260 cases) while female accounted for 21,610 cases (43.3 per cent). Figure 5.3 presents the population pyramid of reported dengue patients, displaying the age distribution by gender.

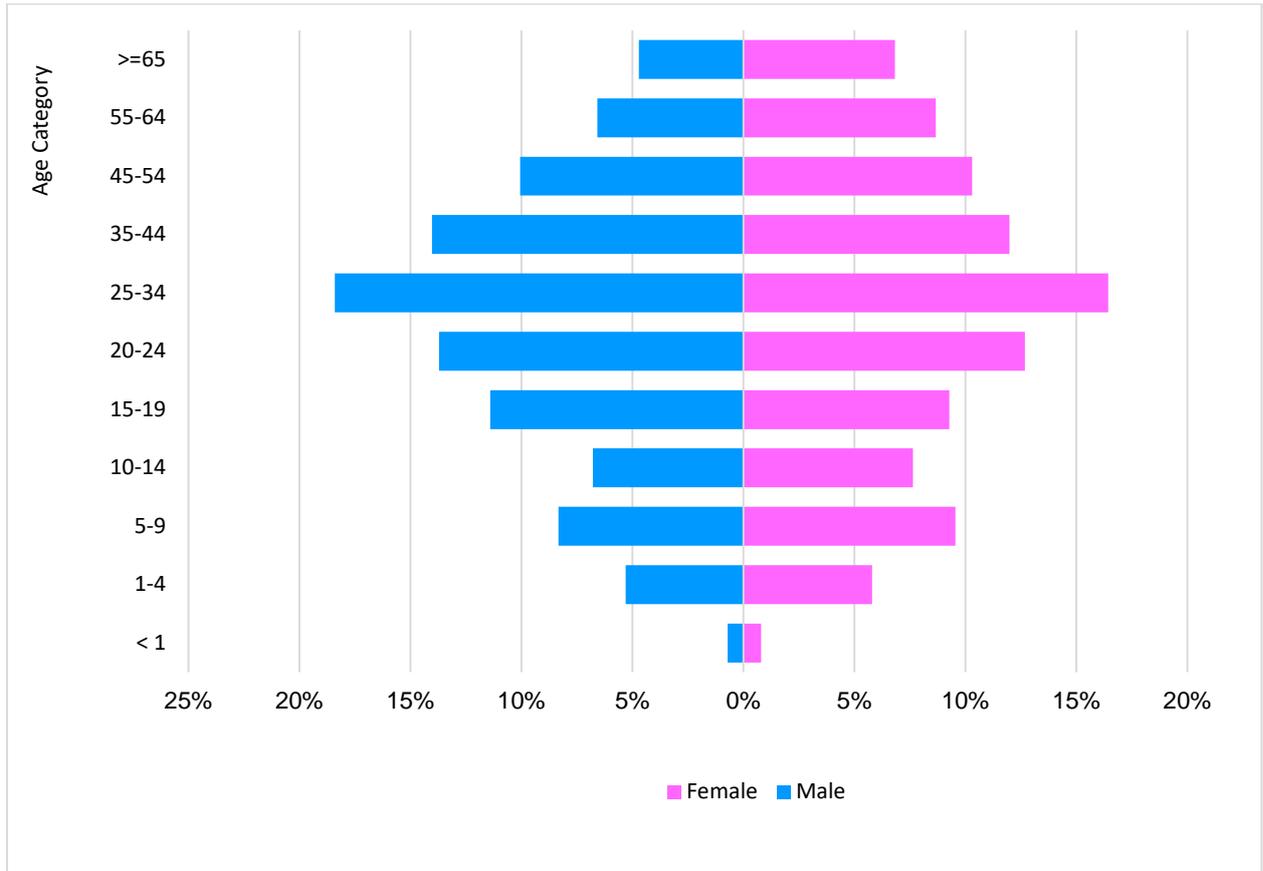


Figure 5.3: Percentage distribution of reported dengue patients by age group and sex, 2024

Source: National Dengue Control Unit

Distribution of Reported Dengue Cases in Provinces and Districts

The provincial and district level distribution of dengue cases in 2024 is given in Table 5.4. The Western Province, the commercial hub of Sri Lanka contributed 43.1 per cent of all reported dengue patients.

Table 5.4: Number of reported dengue cases by Province and District/ Administrative area*, 2024

Province	District / Administrative Area	2024	
		Number	%
Western	Colombo (Excluding MC)	8,628	17.30
	Colombo MC*	3,952	7.92
	Gampaha	6,236	12.50
	Kalutara (Excluding NIHS)	2,107	4.22
	NIHS*	572	1.15
	Total	21,495	43.10
Central	Kandy	4,254	8.53
	Matale	866	1.74
	Nuwara Eliya	194	0.39
	Total	5,314	10.66
Southern	Galle	2,216	4.44
	Hambantota	661	1.33
	Matara	993	1.99
	Total	3,870	7.76
Northern	Jaffna	4,649	9.32
	Kilinochchi	251	0.50
	Mannar	299	0.60
	Mullaitivu	157	0.31
	Vavuniya	117	0.23
	Total	5,473	10.97
Eastern	Batticaloa	1,579	3.17
	Ampara**	200	0.40
	Kalmunai**	674	1.35
	Trincomalee	703	1.41
	Total	3,156	6.33
North Central	Anuradhapura	510	1.02
	Polonnaruwa	347	0.70
	Total	857	1.72
North Western	Kurunegala	1,829	3.67
	Puttalam	1,288	2.58
	Total	3,117	6.25
Uva	Badulla	761	1.53
	Monaragala	911	1.83
	Total	1,672	3.35
Sabaragamuwa	Ratnapura	3,084	6.18
	Kegalle	1,832	3.67
	Total	4,916	9.86
Total		49,870	100.00

Source: National Dengue Control Unit

* Case reporting of Colombo Municipal Council and National Institute of Health Sciences areas functions as separate administrative units in dengue surveillance.

** Ampara district is divided into two health administrative areas as Ampara and Kalmunai

5.2. Tuberculosis

The number of reported TB cases has fluctuated, the estimated TB incidence remained stable, indicating a persistent burden and potential under-detection of TB cases in the country. From 2014 to 2024, Sri Lanka saw a general decline in TB notification rates until 2021, likely impacted by the

COVID-19 pandemic, followed by a rising trend. Figure 5.4 illustrates tuberculosis (TB) case notifications and incidence trends in Sri Lanka from 2014 to 2024, based on national TB surveillance data.

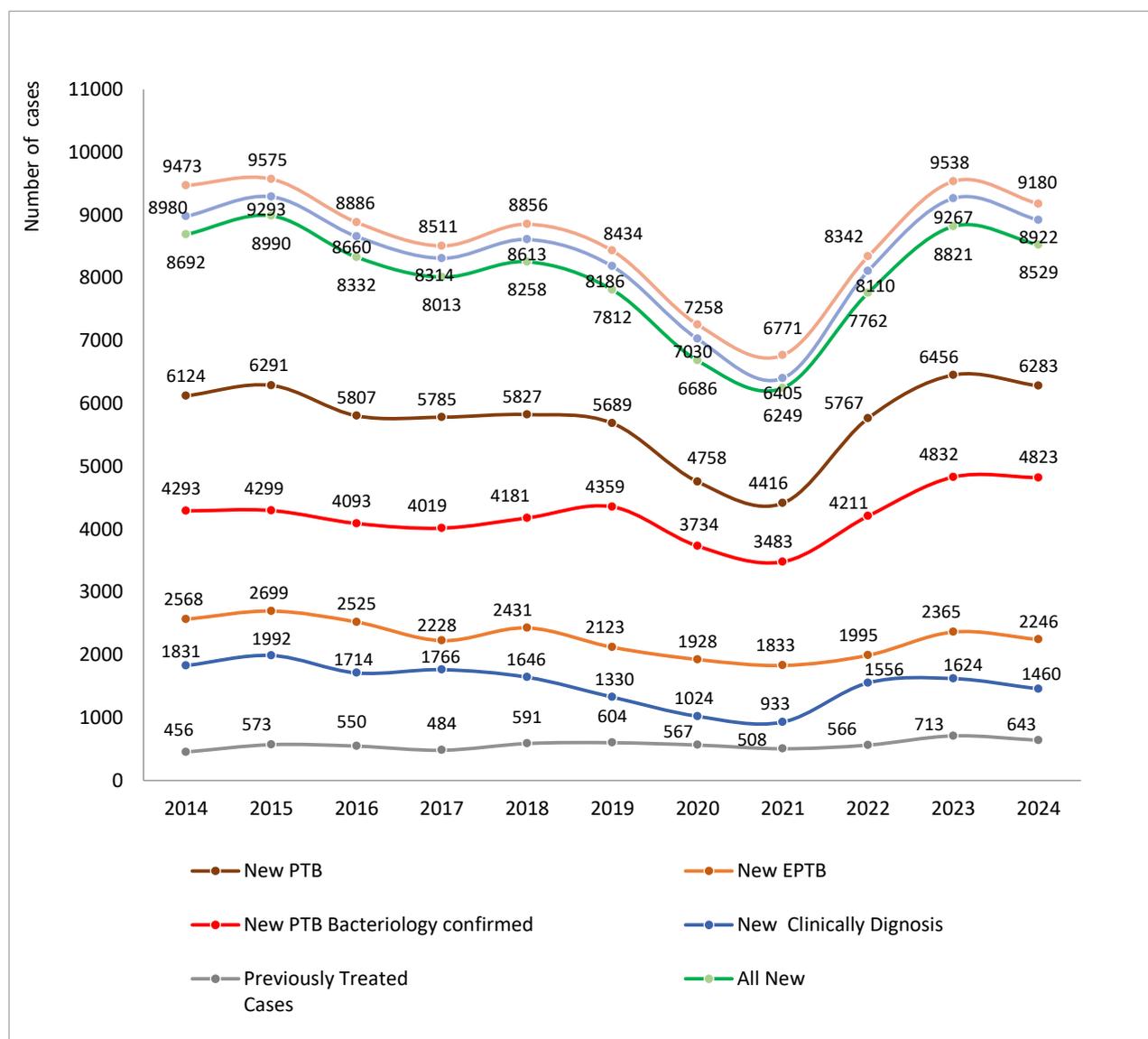


Figure 5.4: Number of tuberculosis cases, 2014-2024

Source: Quarterly reports of district chest clinics

The total number of TB cases (including both new and previously treated) declined steadily from 2015 to 2021 reaching the lowest level in 2021. This decline coincided with COVID-19 pandemic and is likely attributable to disruptions in health services; diagnostic activities and reporting mechanism. A marked recovery in case detection was observed from 2022 to 2023. In 2024, there's a slight decline was noted again, which may reflect stabilization, improved disease control, or underreporting.

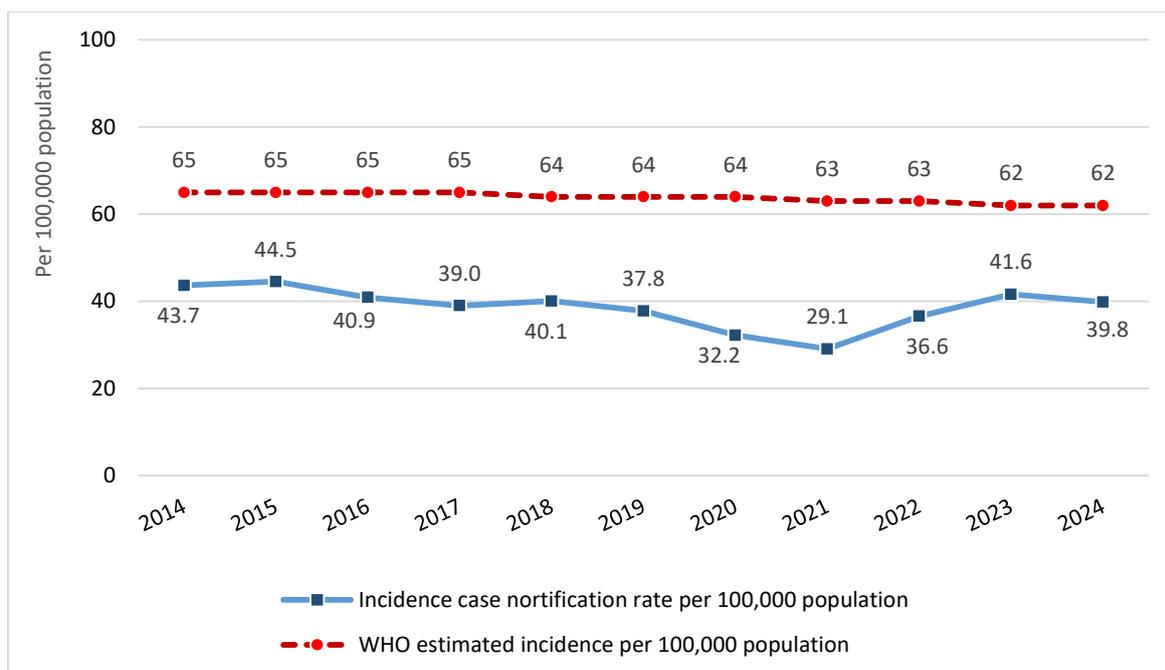


Figure 5.5: Tuberculosis Incidence: case notification rate and WHO estimated incidence rate, 2014-2024

Source: National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)

5.3. Vaccine Preventable Diseases

5.3.1. Measles

Sri Lanka, after receiving measles elimination certification in 2019, successfully sustained its elimination status through 2023, supported by robust surveillance systems and consistently high immunization coverage. Despite economic challenges and the impact of the COVID-19 pandemic, Sri Lanka continued to maintain high universal immunization coverage and proactive case detection efforts to prevent measles reintroduction. However, a measles outbreak occurred in May 2023 following an import-related case. Initially, the outbreak was confined to small clusters of vaccine-hesitant families in the Colombo district, but later spread to other districts. By the end of 2024, a total of 1,108 laboratory-confirmed measles cases were reported from this outbreak, with the highest incident rates reported from the Colombo, Gampaha, Kalutara, Galle, and Jaffna districts.

Although the epidemic curve began to decline by the end of 2023, with 51 cases reported in December 2023, resurgence occurred in January 2024, with 107 confirmed cases. The outbreak gradually waned thereafter, with an average of 10 cases per month between May and July 2024. However, 50 cases were reported in August 2024, primarily from three clusters: three nursing training schools (NTS) located in Colombo and Matara (n=36) and Jaffna (n=6). Two of these clusters were linked to each other through a group of students attending a special training assignment. All three clusters were successfully contained. Only two confirmed cases were reported in December 2024, with a total of 298 cases for the year. The national measles attack rate in 2024 was 1.35 per 100,000 population, with a non-measles non-rubella discard rate of 1.96 per 100,000.

In response to the outbreak, Sri Lanka implemented extensive control measures. Based on WHO SEARO and National Advisory Committee on Communicable Diseases (NACCD) guidance, a Special Immunization Campaign began in January 2024. It included a Supplementary Immunization Activity

(SIA) in nine high-risk districts, providing an additional MMR dose to infants aged 6-9 months awaiting their routine MCV 1 dose at 9 months. Simultaneously, a nationwide catch-up program targeted infants aged ten months to children aged 15 years who had missed their routine MCV doses. The SIA achieved over 95 per cent coverage, while the catch-up effort reached approximately 25 per cent of its target. With Sri Lanka having coverage for both doses of the MMR vaccine close to 100 per cent, the target group for the catch-up programme consisted almost exclusively of vaccine-hesitant individuals. Thereafter, in November 2024, a targeted adult catch-up campaign was implemented in 12 high-risk districts, focusing on young adults aged 20-30 years in occupational and higher educational settings. In these districts, 50 priority MOH areas were selected, and house-to-house campaigns were conducted in three PHM areas per MOH to screen children aged nine months to 19 years for the Measles Containing Vaccine (MCV) status. Approximately 45 per cent of the target population was reached during this phase. However, achieving high uptake among adults remained a challenge.

Intensified case-based responses included investigation of 50 households around the index case, followed by submission of summary reports to the Epidemiology Unit. Public awareness campaigns used social media, mainstream media, and print materials. The Epidemiology Unit, through regional epidemiologists, collaborated with religious leaders and medical students to promote vaccine acceptance, train staff, and track hesitant families. Further, a formative study by the Department of Sociology, with support from the UNICEF, explored the root causes of hesitancy. Plans for 2025 include engaging 400 private GPs as sentinel sites for fever rash surveillance and training of field health staff in IPC through collaboration among the Family Health Bureau, Epidemiology Unit, and UNICEF.

In 2024, the South-East Asia Regional Verification Commission (SEA-RVC) reclassified Sri Lanka as a country with re-established measles transmission. SEA-RVC recommended conducting a root cause analysis, reviewing the MCV2 schedule based on epidemiological data, and analyzing case clusters and immunity profiles to guide future SIAs. Following the successful SIA for children aged 6-9 months in January 2024, the next SIA will target healthcare workers and other identified risk groups in 2025. However, with efforts focused on re-establishing elimination by 2026, Sri Lanka successfully sustained above 95 per cent coverage for routine immunization, both MCV1 and MCV2, in 2024.

5.3.2. Rubella

The Regional Measles-Rubella Verification Committee for South East Asia Region (SEAR-RVC) certified Sri Lanka as eliminated for endogenous rubella in 2020 amidst of COVID-19 pandemic. Measles and rubella surveillance is conducted through a combined "fever and maculopapular rash" surveillance system, using this as a sensitive case definition for detecting both measles and rubella cases.

In 2024, a total of 385 cases of fever and maculopapular rash were investigated for rubella, and subsequently discarded. The key monitoring indicator reached the "non-rubella discard rate" was 2.37 per 100,000 population while the laboratory testing rate reached 83 per cent.

5.3.3. Congenital Rubella Syndrome (CRS)

Congenital Rubella Syndrome (CRS) is a notifiable condition, with final classification made after comprehensive investigations. Surveillance was maintained through routine notifications and a "zero reporting" system, supported by active case detection in healthcare institutions. Additionally, newborn screening for congenital infections, including TORCH screening, was regularly reviewed to identify rubella IgM-positive or suspected CRS cases, all of which were ultimately ruled out for rubella. In the year 2024, 139 suspected cases investigated under TORCH screening tested negative for rubella and were discarded as non-CRS cases. No confirmed cases of Congenital Rubella Syndrome (CRS) have been reported in the country since 2014, and the required elimination target of zero CRS cases per 1,000 live births has been successfully maintained.

5.3.4. Poliomyelitis

Poliomyelitis was made a notifiable disease in Sri Lanka in 1944, and the last virologically confirmed case of wild poliovirus was reported in 1993. In line with the Global Polio Eradication Initiative, Acute Flaccid Paralysis (AFP) surveillance was established in 1990, and any child under 15 years of age with an acute onset of flaccid paralysis should be notified and fully investigated. In addition, any case of paralytic illness in a person of any age, when polio is suspected, should also be notified. The sensitivity of the surveillance system is regularly monitored at the sub-national, national, regional and global levels.

The AFP rate per 100,000 population under-15 years is the core monitoring indicator that assesses the sensitivity of AFP surveillance, and the target for countries in the South East Asia region is at least 2 per 100,000 under-15 population. A total of 77 AFP cases were reported from all healthcare institutions for 2024 resulting in AFP rate of 1.4 per 100,000 under-15 population.

Each suspected AFP case undergoes full clinical, laboratory and epidemiological investigation for poliomyelitis. The laboratory investigations are based on the isolation of the virus in stool samples. Two stool samples of adequate quantity are expected to be collected at least 24 hours apart and within 2 weeks of the onset of paralysis, and sent to the laboratory under reverse cold chain condition with proper documentation, within 72 hours of collection. In 2024, stool samples were collected from all notified AFP patients, with a timely and adequate stool sample collection rate was 80.5 per cent. All stool specimens were tested at the Regional Reference Laboratory for poliomyelitis at the Medical Research Institute. All AFP cases notified in 2024 were excluded as non-polio cases, while one probable case of Vaccine Associated Paralytic Poliomyelitis (VAPP) was reported.

All hospitals where a Consultant Physician or a Consultant Paediatrician is available are identified as a sentinel site for active surveillance. Currently, there are 105 sentinel sites in the country which send a weekly report of AFP, Measles, Rubella, and CRS cases to the Epidemiology Unit. In addition, the Regional Epidemiologists send a monthly summary of AFP, measles, rubella, and CRS cases from the sentinel sites.

Polio vaccination is carried out with bivalent OPV given at 2, 4, 6 and 8 months and at 5 years of age, together with intradermal fractional-dose polio vaccine IPV at 2 and 4 months of age. A population sero survey conducted in 2018 demonstrated adequate population immunity to all polio types and adequate serum immunity to poliovirus type 2 from two fractionated doses (87.2%). The national coverage for OPV 1 and OPV 3 was maintained at 97 per cent for both doses during 2024.

5.3.5. Other Vaccine Preventable Disease

Table 5.5: Information on selected vaccine preventable diseases, 2022 - 2024

Disease	Year	Suspected cases	Clinically confirmed	Districts reported the highest number of cases	Remarks
Encephalitis	2022	79	26	Batticaloa (15)	
	2023	188			
	2024	256	173	Gampaha, Kurunegala Batticaloa, Kegalle Rathnapura.	Districts notified ten or more cases
Mumps	2022	238	181	Ampara(12),Jaffna(9) Kurunegala(8) Badulla(8)	Maximum cases in 21 - 30 years age group (33.3%), Male (58.3%), No complications (89.6%)
	2023	217	159	Anuradhapura (20) Kandy (19) Kegalle (18) Gampaha (16) Galle (14)	Majority (64.4%) had no complication
	2024	302	217	Anuradhapura (30) Kurunegala (27) Polonnaruwa (22) Gampaha(19) Monaragala (19) Kegalle (19)	Majority (43%) had no complication
Whooping Cough	2022	3	2		2 male patients of 6 years and 8 years of age
	2023	7	3		22 days, 2 months, 9 months old children
	2024	50		Colombo MC(8) Anuradhapura (5) Kalutara (2) Matara (2) Jaffna (2) Beruwala (2)	44 infants, no gender difference
Tetanus	2022	11	9		All above 50 years of age,
	2023	6	6		Within 55-80 age group, No neonatal / during pregnancy cases
	2024	6	6		
Chickenpox	2022	2047	1947	Kalutara (155) Jaffna (154) Kurunegala (146) Kegalle(145) Galle(116) Ratnapura(115)	Maximum cases in 21 - 40 years age group (49.4%), Male (50.1%), Majority had no complications (82%)
	2023	5253	4871	Kurunegala (511) Kegalle (450) Kalutara (437, Galle (364) Colombo (360) Kandy (309)	Maximum cases 21-40 years of age (50%), Males (52%) Majority had no complications (82%)
	2024	8772	8058	Kegalle (984) Galle (915) Galle (915) Kurunegala (682) Colombo (614) Kalutara (572) Colombo (360)	(71.8%) was found as no complications
Rabies	2022	32		Gampaha (5) Jaffna (5) Kalutara (5)	
	2023	17		Jaffna,Galle, Ratnapura, Matara, Batticaloa, Anuradhapura	2 cases from these district
	2024				20 human rabies deaths were reported

Source: Epidemiology Unit

5.4. Leptospirosis

A total of 13,744 cases of Leptospirosis were notified to the Epidemiology Unit in 2024, compared to 9,927 in 2023. The increase is attributed to improved notification practices and the occurrence of frequent outbreaks associated with floods and heavy rainfall. Reporting of leptospirosis cases has shown distinct seasonal pattern with peaks during the rainy seasons of the two monsoons in the country. There were 327 deaths due to leptospirosis in 2024, indicating a case fatality rate of 2.4 per 100 cases. The number of leptospirosis-related deaths notified to the Epidemiology Unit has been steadily increasing in recent years.

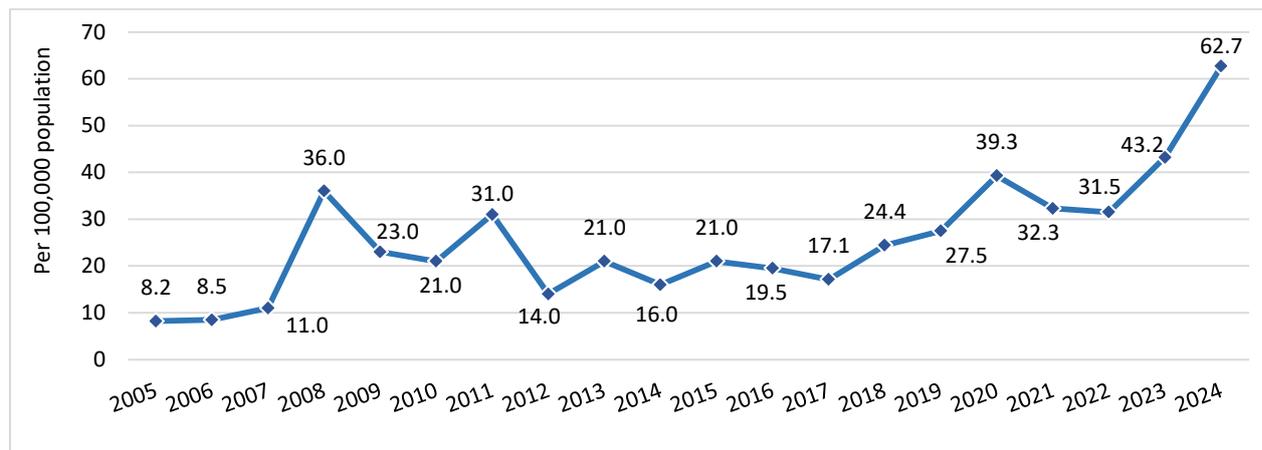


Figure 5.6: Leptospirosis incidence rate, 2005-2024

Source: Epidemiology Unit

Table 5.6: Number of leptospirosis deaths and CFR, 2008 - 2024

Year	Number of deaths	CFR (%)
2008	207	2.8
2009	145	2.9
2010	123	2.7
2011	100	1.5
2012	52	2.0
2013	80	1.8
2014	41	1.3
2015	71	1.6
2016	62	1.5
2017	52	1.4
2018	108	2.0
2019	120	2.0
2020	104	1.2
2021	83	1.2
2022	145	2.0
2023	209	2.0
2024	327	2.4

Source: Epidemiology Unit

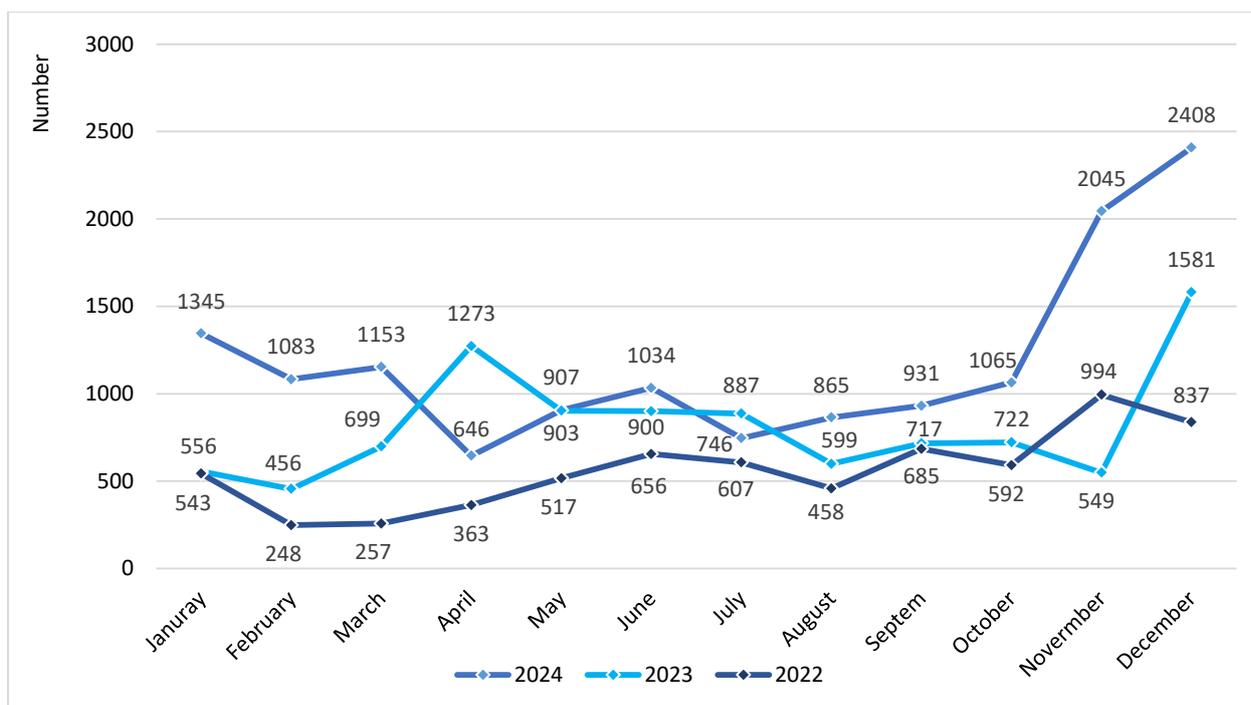


Figure 5.7: Number of reported leptospirosis cases by month and year, 2022-2024

Source: Epidemiology Unit

Leptospirosis is a zoonotic disease of major public health importance in Sri Lanka. Recent surveillance data received at the Epidemiology Unit indicate that paddy farming is the major source of exposure. Therefore, increased reporting is observed during the rainy seasons, which coincide with the 'Yala' and 'Maha' paddy cultivation seasons. Accordingly, each year to control and prevent leptospirosis, activities are conducted at the Medical Officer of Health (MOH), district and central levels to enhance community awareness, strengthen intersectoral coordination and provide chemoprophylaxis to identified high-risk individuals.

5.5. Influenza

Influenza surveillance in humans

- Influenza surveillance in humans has been established complementary to influenza surveillance in animals by the Department of Animal Production and Health (DAPH) as a part of the pandemic preparedness activities initiated in the country for Avian/Pandemic Influenza. Both activities are supervised by the National Technical Committee for Avian/Pandemic Influenza Preparedness, which convenes on quarterly basis.
- Human and animal influenza surveillance activities are considered the early warning system for a possible avian/pandemic Influenza outbreak in the country.
- Human influenza surveillance is conducted in selected sentinel hospitals under the guidance and supervision of the Epidemiology Unit of the Ministry of Health.
- This surveillance comprises 2 components: Influenza-Like Illness (ILI) surveillance and Severe Acute Respiratory Infections (SARI) surveillance.
- The ILI surveillance is established in 20 sentinel sites within the country, namely, National Hospital of Sri Lanka (NHSL), Colombo South Teaching Hospital, National Institute for Infectious Diseases, Lady Ridgeway Hospital, Colombo North Teaching Hospital, TH Peradeniya, DGH

Nuwara Eliya, TH Karapitiya, PGH Badulla, TH Kurunegala, DGH Chilaw, DGH Ampara, TH Jaffna, DGH Vavuniya, TH Anuradhapura, DGH Polonnaruwa, PGH Ratnapura, DGH Matara, TH Batticaloa and DGH Negombo. The surveillance activities are carried out in the OPD settings of these hospitals.

- SARI surveillance is carried out among the inward patients of four sentinel sites established for SARI surveillance, namely Lady Ridgeway Hospital, Colombo North Teaching Hospital, TH Peradeniya, and DGH Matara.
- For the year 2024, 262,977 ILI visits have been reported from all sentinel sites, which accounts for 6.7 per cent of the total OPD visits to the 20 sentinel sites.
- Figure 5.8 depicts the proportions of ILI patients from 2022 to 2024. Two peaks are observed for each year: during the period of May-July, and the period of December-January.
- The sentinel sites for SARI surveillance reported 15,078 SARI visits for 2024, which were 9.2 of all admitted patients to the medical and paediatric wards of these four sentinel hospitals. Figure 5.9 depicts the proportions of SARI patients from 2022 to 2024.
- Virological surveillance is carried out at the Medical Research Institute, which is the National Influenza Centre (NIC) in Sri Lanka for human influenza surveillance. In addition to the NIC, virological testing was carried out at the virology laboratories TH Kandy, TH Karapitiya, and TH Anuradhapura in the year 2024.
- Data management of influenza surveillance is conducted at the Epidemiology Unit via 'FluSys', an online data management system.

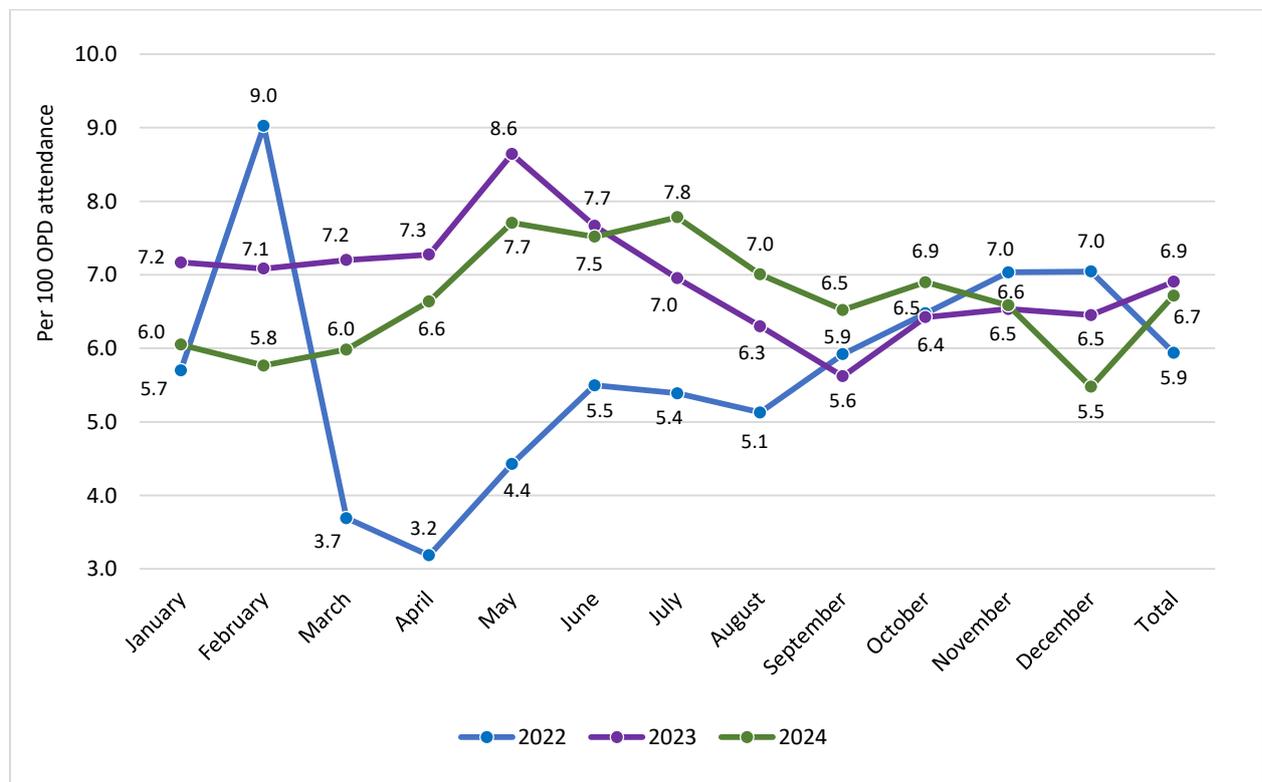


Figure 5.8: Proportion of OPD attendance for Influenza-Like Illness (ILI) patients from sentinel site by month, 2022-2024

Source: Epidemiology Unit

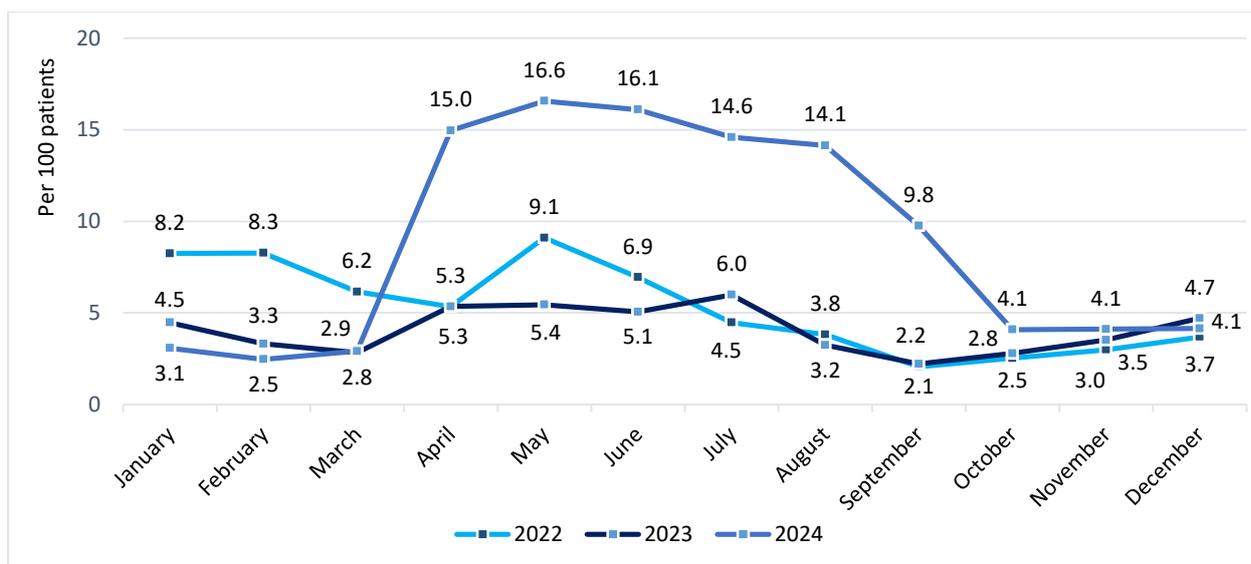


Figure 5.9: Proportion of inward admissions of Severe Acute Respiratory Infection (SARI) from sentinel site by month and year, 2022-2024

Source: Epidemiology Unit

5.6. Malaria

Sri Lanka was officially certified as a malaria-free country by the World Health Organization on 6th September 2016, during the 69th session of the Regional Committee for South East Asia held in Colombo. This achievement was the result of over four decades of persistent efforts by the Anti-Malaria Campaign. Currently, the country is in the phase of preventing the re-establishment of malaria. However, the risk of re-introduction remains significant, particularly due to increased human mobility, especially among returning Sri Lankans from endemic regions.

A Total of 38 microscopically confirmed cases were reported in 2024. All cases were imported malaria cases. Descriptive analysis of the cases is shown in Figure 5.10. One death due to malaria was reported during the year 2024. *An. culicifacies* continues to be the principal vector of malaria and *An. subpictus*, *An. stephensi* were the secondary vectors of malaria in Sri Lanka.

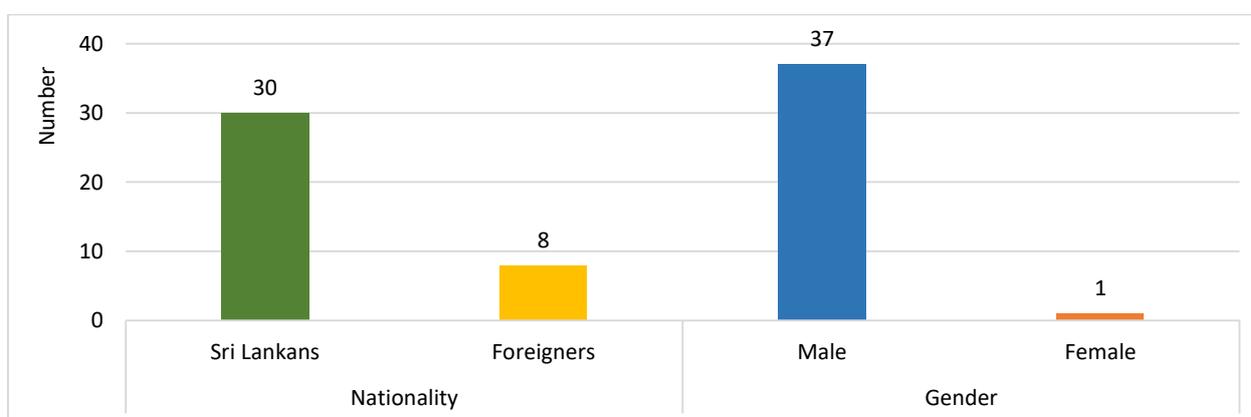


Figure 5.10: Number of microscopically confirmed malaria cases by nationality and sex, 2024

Source: Anti Malaria Campaign

Table 5.7: Number of blood smear examination for malaria by RDHS Division, 2024

Province	RDHS division	Number
Western Province	Colombo	96,223
	Gampaha	48,330
	Kalutara	17,161
Central Province	Kandy	57,672
	Matale	32,716
	Nuwara-Eliya	9,161
Southern Province	Galle	24,769
	Matara	24,082
	Hambantota	26,439
Northern Province	Jaffna	18,156
	Kilinochchi	9,957
	Mannar	7,725
	Vavuniya	14,644
	Mullaitivu	13,581
Eastern Province	Batticaloa	54,193
	Ampara	20,094
	Trincomalee	16,554
	Kalmunai	30,431
North Western Province	Kurunegala	79,895
	Puttalam	23,168
North Central Province	Anuradhapura	41,874
	Polonnaruwa	17,918
Uva Province	Badulla	25,077
	Monaragala	21,920
Sabaragamuwa Province	Ratnapura	35,308
	Kegalle	22,559
Total		789,607

Source: Anti Malaria Campaign

5.7. Lymphatic Filariasis

Lymphatic Filariasis is a neglected tropical disease caused by parasitic worms transmitted to humans through mosquito bites. The infection affects the lymphatic system, leading to severe swelling of the limbs, breasts, or genitals, and can result in permanent disability and social stigma. It is a major public health problem in tropical and subtropical regions, including parts of Asia, Africa, and the Pacific. Lymphatic Filariasis is preventable and can be controlled through Mass Drug Administration (MDA), vector control, and proper hygiene and care for affected individuals.

Sri Lanka eliminated lymphatic filariasis in 2016. The main intervention to reach low levels of microfilaria rate was the MDA with 2 drugs (Diethylcarbamazine and Albendazole). Since the stopping of MDAs, routine parasitological and vector surveillance has continued in endemic districts to identify positive patients and treat. Now Sri Lanka is in the post-validation surveillance phase of

elimination and surveillance is carried out through three main arms; parasitology, entomology and disease surveillance.

Parasitological surveillance

The field staff and laboratory staff carried out parasitological surveillance under the supervision of the Regional Medical Officer/ Filariasis control. The main diagnostic method used was the night blood film. The microfilaria rate (percentage of positive samples out of all collected) and microfilaria density (average number of microfilaria present in one millilitre of blood) are the indicators used to assess the progress towards zero transmission within the country.

From 2017-2024, the country recorded 720 cases with active infection. This number also includes night blood film positive patients of the migrant workforce in Sri Lanka.

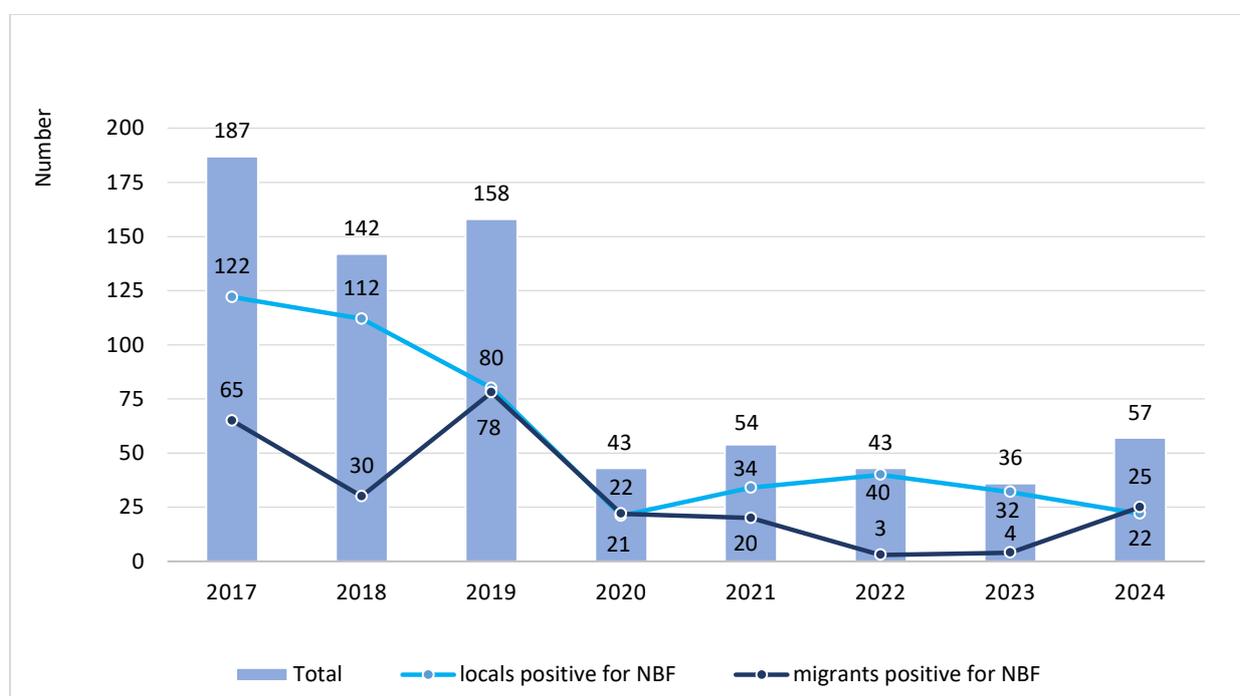


Figure 5.11: Number of microfilaria-positive cases among locals and immigrants, 2017-2024

Source: Anti Filariasis Campaign

Figure 5.12 shows a reduction in indigenous microfilaria-positive patients during the post-validation phase. Further, it shows that the observed reduction of indigenous cases was gradually replaced by migrant cases. The geographic distribution clearly shows that the cases were confined to the coastal border, even within endemic areas except the North Western province. It was highlighted that there was a significant reduction in the reported number of indigenous bancroftian filariasis cases over the years, while the number of local cases infected with *Brugia malayi* was not reduced over the years.

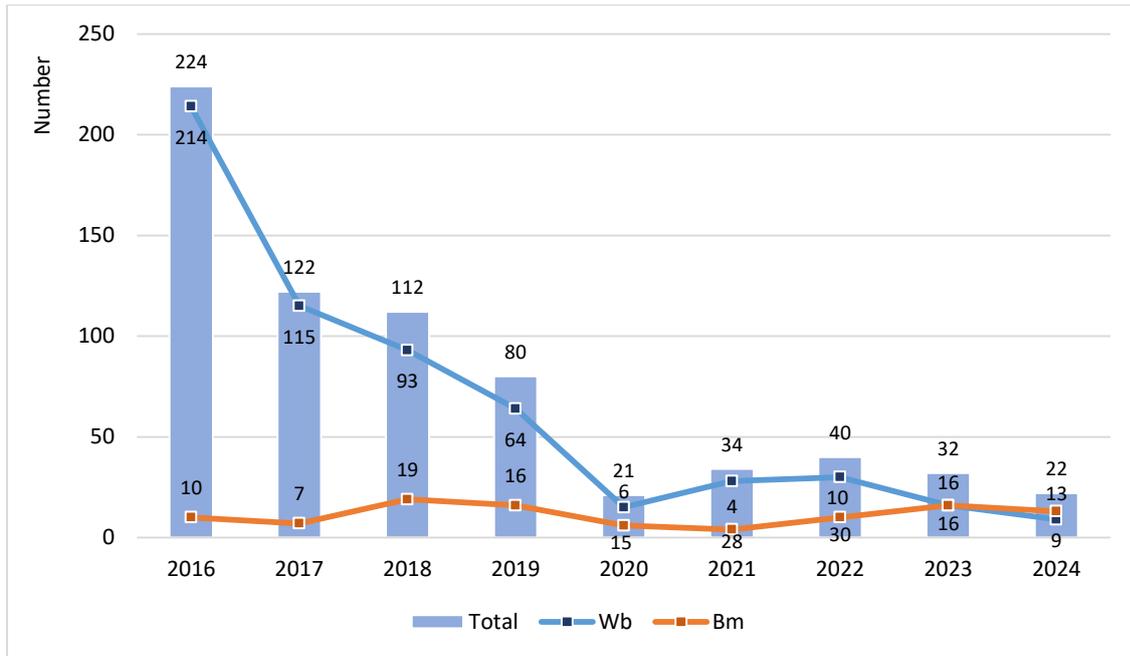


Figure 5.12: Number of Indigenous positive cases by species, 2016-2024

Source: Anti Filariasis Campaign

Note: * Wb-Wuchereria bancrofti, Bm- Brugia malayi

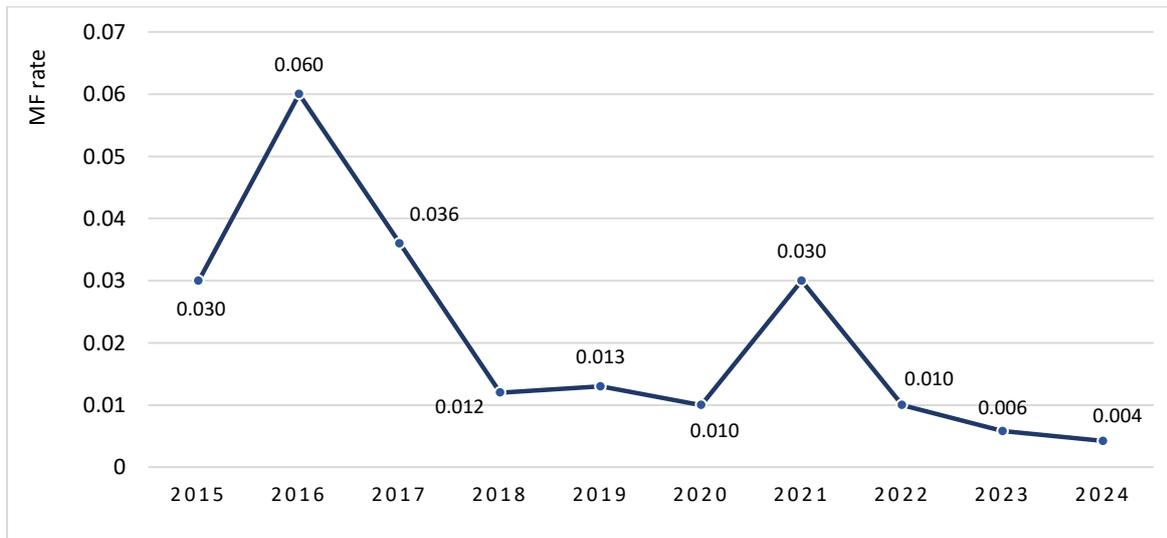


Figure 5.13: Microfilaria rate by year in endemic districts, 2015-2024

Source: Anti Filariasis Campaign

Figure 5.13 shows a clear reduction in the microfilaria rate with the implementation of current elimination strategies: entomological surveillance-guided parasitological surveillance.

Average number of Night Blood Filming (NBF) performed by PHFO was 538 in year 2024.

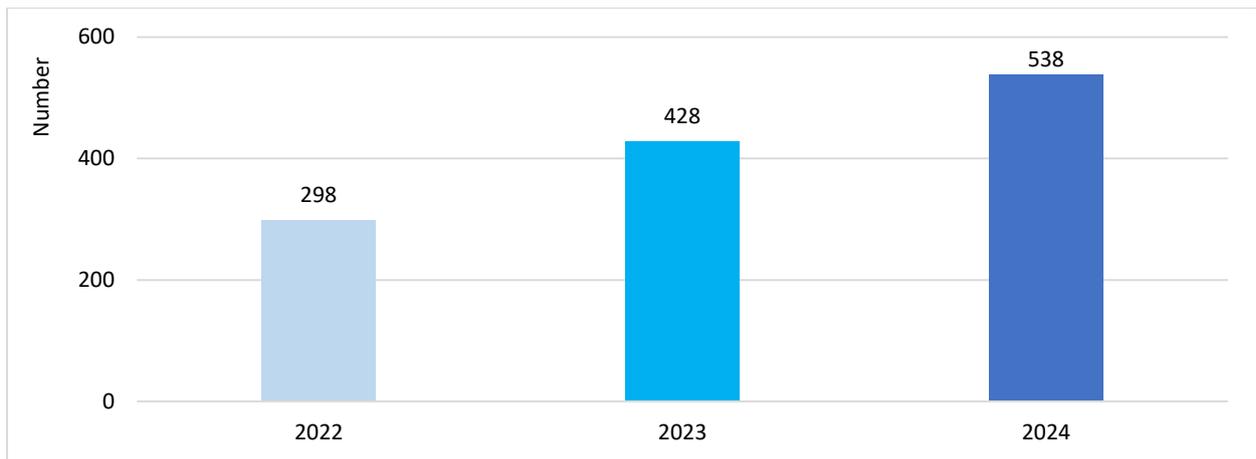


Figure 5.14.: Average number of NBF performed by a PHFO, 2022-2024

Source: Anti Filariasis Campaign

Screening of Immigrants

Screening of immigrants was initiated in 2017, and in 2024, there was a notable increase in the number of immigrants screened for filariasis antigen through the IOM. This is mainly due to the strict measures imposed against the illegal pathways followed to obtain a visa. In 2024, 327 immigrants were detected with positive for the Filariasis Antigen Test (FAT) out of 19,675 screened (Figure 5.15).

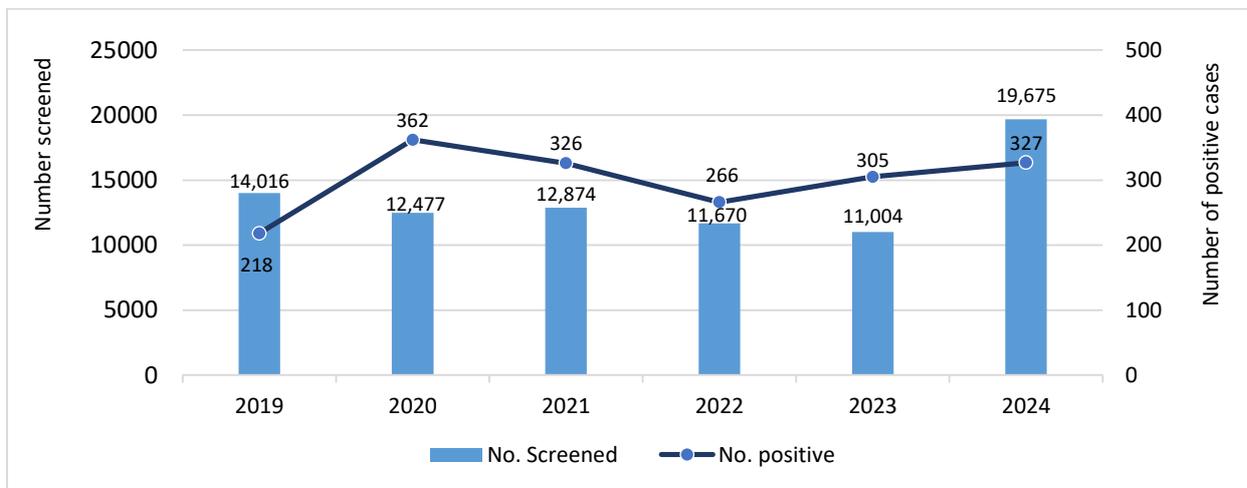


Figure 5.15: Number of immigrant screenings and detected positive cases, 2019-2024

Source: Anti Filariasis Campaign

Entomological surveillance

Entomological surveillance was carried out among both vectors responsible for the transmission of lymphatic filariasis in Sri Lanka: *Culex quinquefasciatus* and *Mansonia* species. Adult *Culex* mosquitoes are collected either through gravid traps or indoor hand collections. Adult *Mansonia* mosquitoes are collected through cattle-baited net traps and indoor hand collections. All mosquitoes collected will be either dissected or subjected to genetic detection of parasitic DNA by PCR.

Findings of dissected mosquitoes were used to calculate the infected and infective mosquito rates. Parasitological human surveys were initiated based on positive findings of vector surveys.

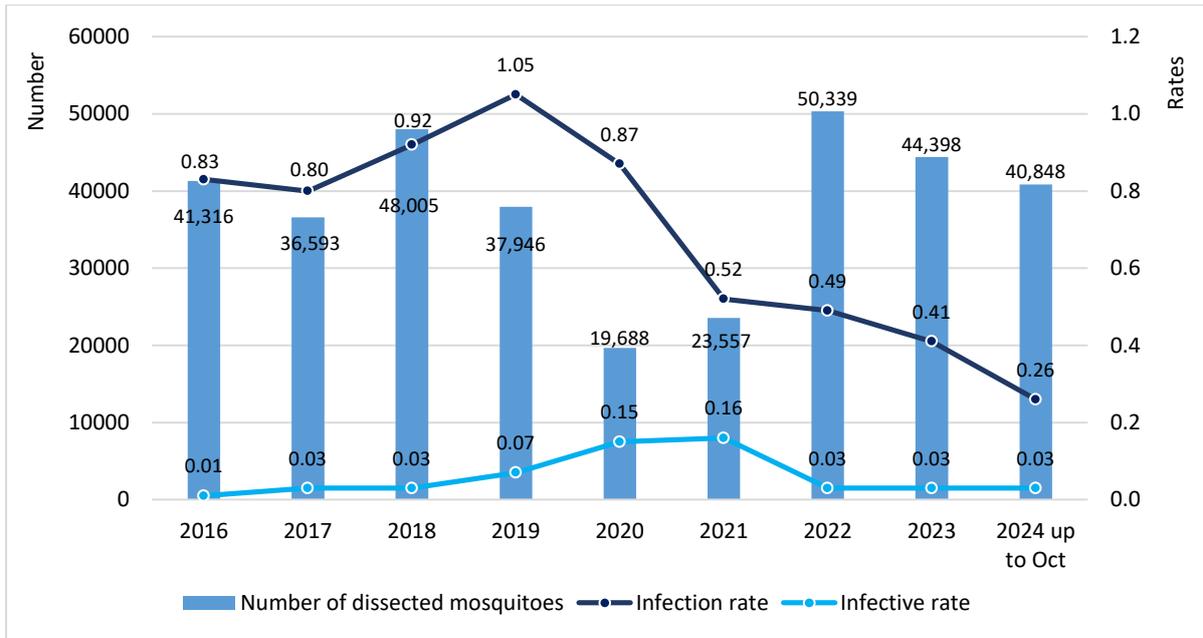


Figure 5.16: Entomological indices for lymphatic filariasis transmitted through *Culex quinquefasciatus*, 2016-2024

Source: Anti Filariasis Campaign

Figure 5.16 and Figure 5.17 show infected rates and infective rates in each endemic district by year. The infected rate is the percentage of mosquitoes positive for any parasitic stage. The infective rate is the percentage of mosquitoes positive for the infective stage (L3) larvae.

Higher rates of infective mosquitoes are seen in Galle and Matara, which is compatible with higher caseloads in these districts.

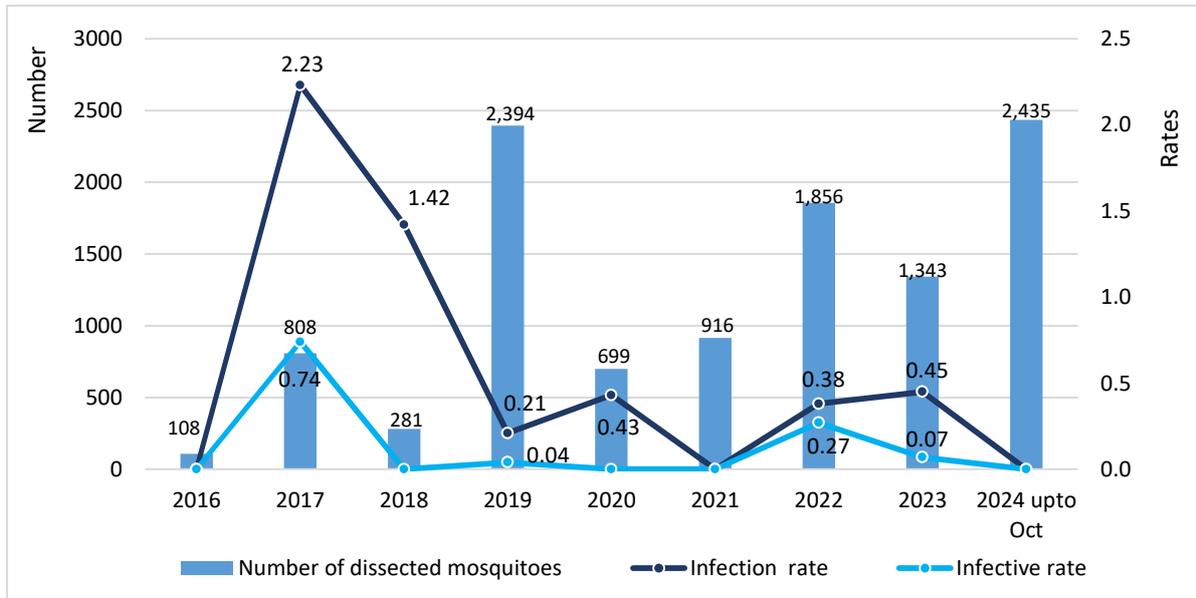


Figure 5.17: Entomological indices for lymphatic filariasis transmitted through *Mansonia spp*, 2016-2024

Source: Anti Filariasis Campaign

Morbidity management and disability prevention

Chronic complications of filariasis ranged from simple lymphoedema to elephantiasis. These lymphoedema patients need close follow-up to prevent progression into elephantiasis. The Morbidity Management and Disability Prevention (MMDP) programme focuses on identifying patients with lymphoedema and providing services.

At present, approximately 26 MMDP clinics were conducted within eight endemic districts, exceeding the WHO recommendation of two MMDP clinics per Implementation Unit (IU).

Figure 5.18 shows the number of new lymphoedema patients registered in morbidity management clinics in endemic districts by year.

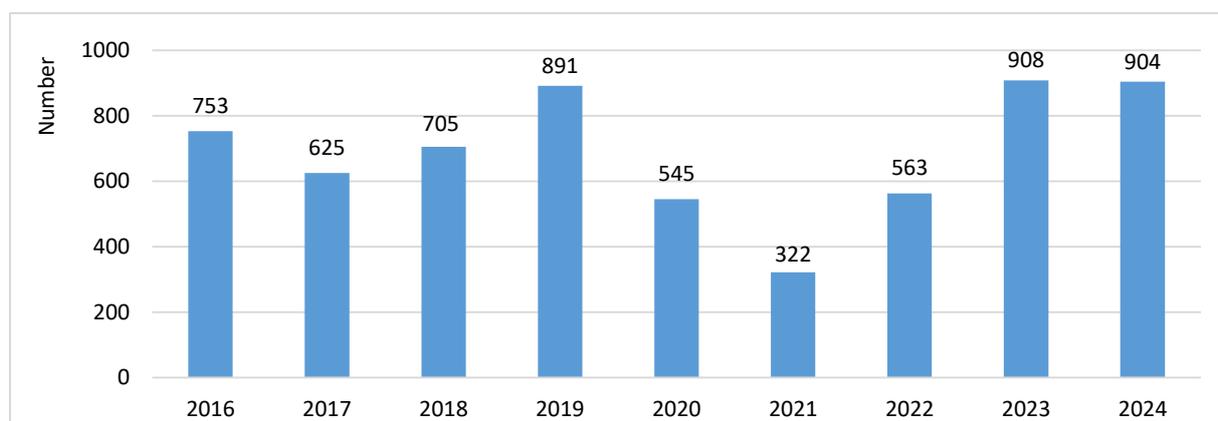


Figure 5.18: Number of new registrations of lymphoedema patients in morbidity management clinics, 2016-2024

Source: Anti Filariasis Campaign

In 2024, a total of 904 new lymphoedema patients were registered at morbidity management clinics in endemic districts and the majority of these patients were registered at the Matara clinic. Data showed that 81 per cent of patients registered during the early stages (Stages 1-2) of lymphoedema and 50 per cent of the patients were in the age group of 41 - 60 years.

5.8. Leprosy

Leprosy is a neglected tropical disease that is curable with Multi Drug Therapy (MDT). Sri Lanka has successfully achieved the elimination target for Leprosy in 1995 as a public health problem through the successful implementation of a social marketing campaign along with MDT. Around 2,000 new patients were reported in each year in the last decade. In 2023, the total number of reported cases was 1,520 and in 2024 it was 1,350.

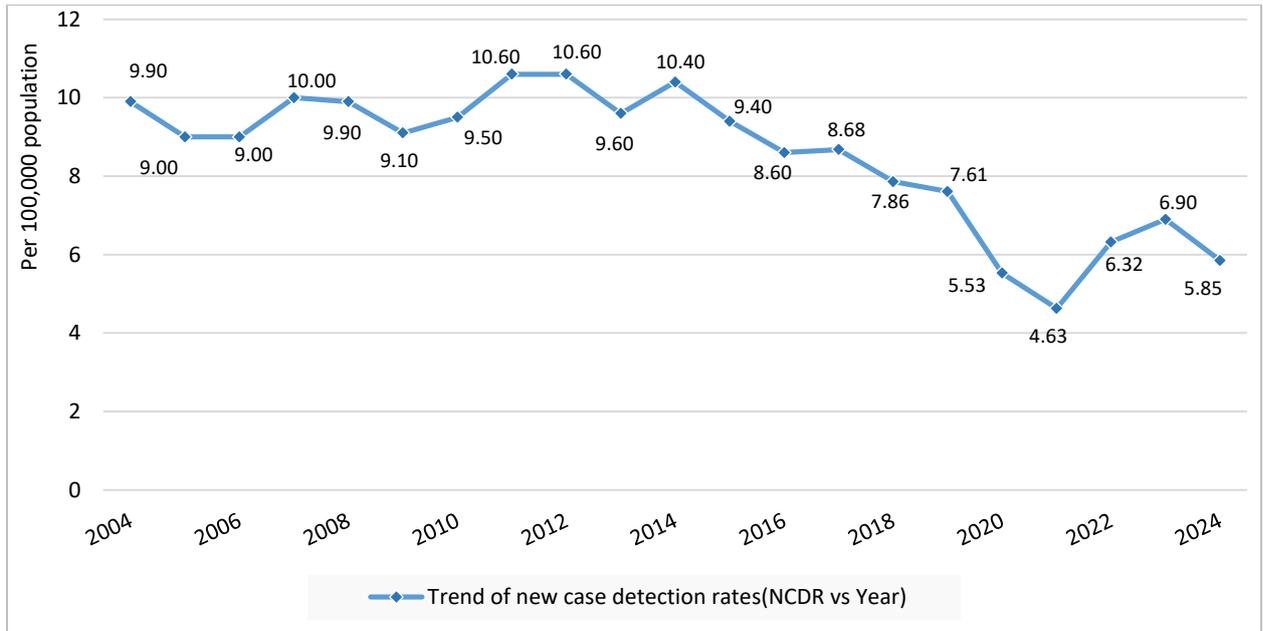


Figure 5.19: New Case Detection Rate (NCDR) of Leprosy, 2004 - 2024

Source: Anti Leprosy Campaign

Percentage of newly reported child cases is presented in figure 5.20.

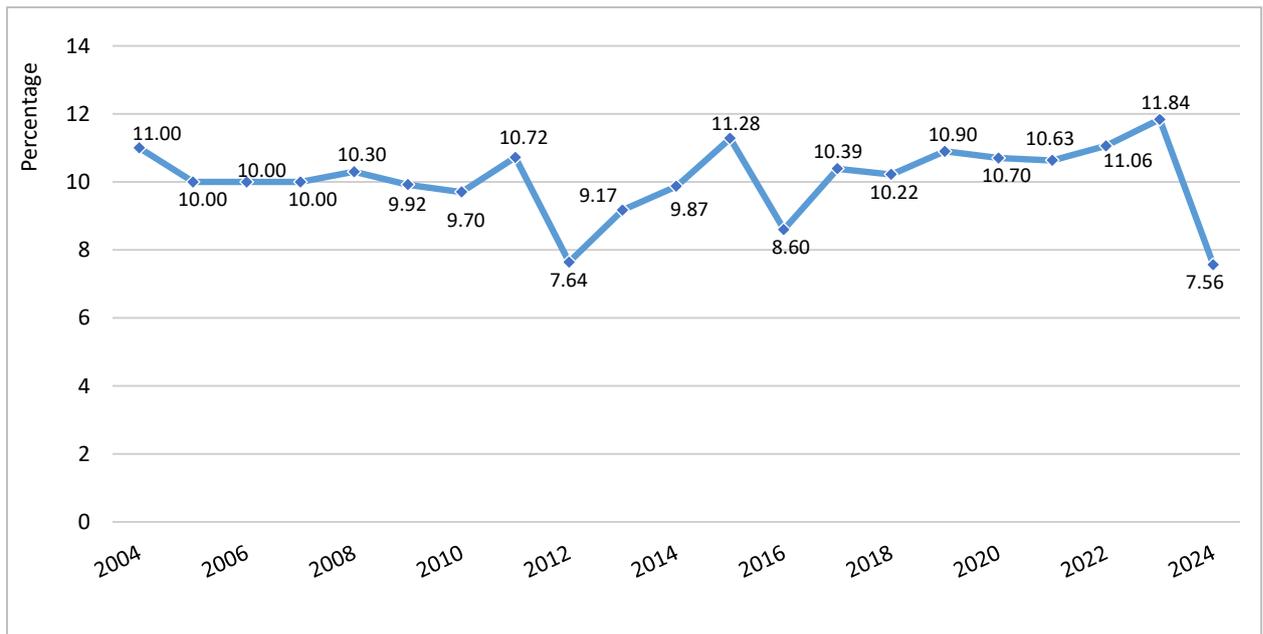


Figure 5.20: Percentage of new leprosy cases among children, 2004 - 2024

Source: Anti Leprosy Campaign

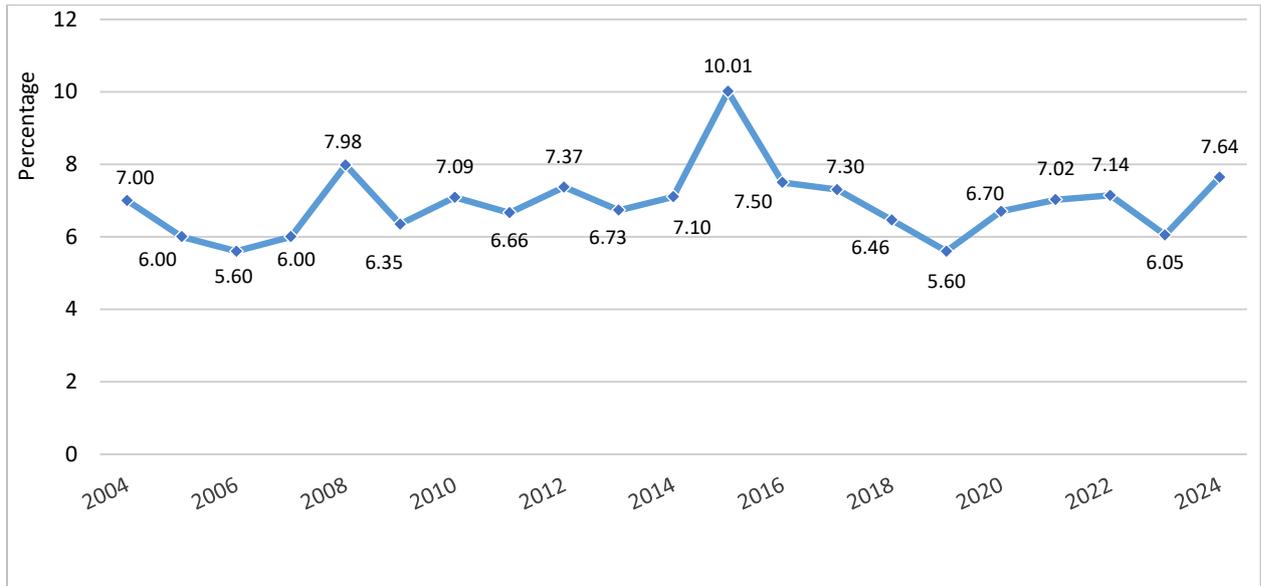


Figure 5.21: Grade 2 deformity percentage at the time of diagnosis, 2004 - 2024

Source: Anti Leprosy Campaign

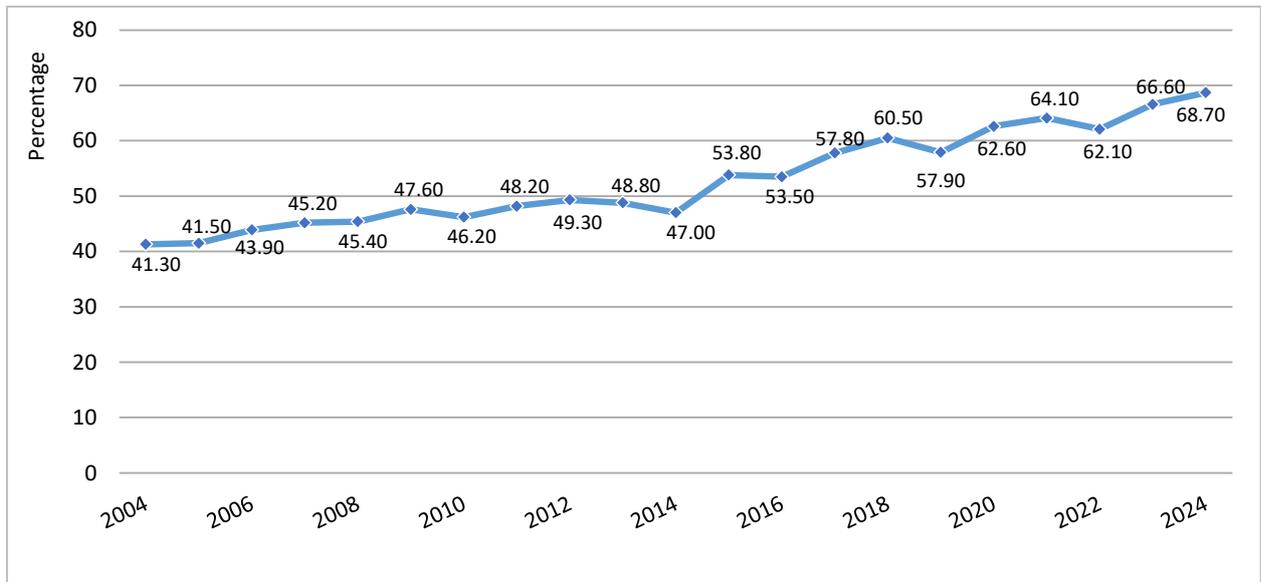


Figure 5.22: Multi-bacillary (MB) percentage at the time of diagnosis, 2004 - 2024

Source: Anti Leprosy Campaign

MB Leprosy is the infective type; hence it is very important to detect them early to prevent the spread of the disease. These patients are at higher risk of developing deformities in their later lives. An increasing trend of MB percentage can be seen over the past years.

Table 5.8: Key leprosy indicators by province, 2024

Province	Number of New Cases	NCDR	Number of Child Cases	% of Child Cases	Number of Grade 2 Deformity cases	% of Grade 2 Deformity cases
Western Province	434	7.1	33	7.6	22	5.1
Eastern Province	229	13.0	23	10.0	12	5.2
Southern Province	164	6.1	13	7.9	9	5.5
North Western Province	143	5.6	11	7.7	17	11.9
North Central Province	111	8.0	8	7.2	7	6.3
Sabaragamuwa Province	66	3.2	1	1.5	11	16.7
Central Province	63	2.3	5	7.9	11	17.5
Northern Province	42	3.0	2	4.8	4	9.5
Uva Province	30	2.5	1	3.3	5	16.7

Source: Anti Leprosy Campaign

New Case Detection Rate (NCDR) was highest in Eastern Province (13 per 100,000 population) and lowest in Central Province (2.3 per 100,000 population). The highest percentage of Leprosy patients with grade 2 deformities are reported in Central Province (17.5%) while lowest percentage was reported in Western Province (5.1%). The highest number of child cases was seen in Western province (33) while highest percentage was reported in Eastern province (10.04%)

5.9. Food and Water-borne Diseases

Viral hepatitis, dysentery, food poisoning and enteric fever notified to the Epidemiology Unit depict a downward trend in the pre-pandemic years. However, there was a component of underreporting during the pandemic. The number of cases of food poisoning increased in 2024, which could be due to the reporting of cases returning to normal and the escalation of public movements and festivals. The following are the districts that report the highest number of food and waterborne diseases in 2024;

Enteric Fever	Food Poisoning	Dysentery	Hepatitis A
Colombo	Kurunegala	Nuwara Eliya	Monaragala
Jaffna	Nuwar Eliya	Batticaloa	Polonnaruwa
Kalutara	Gampaha	Ratnapura	Badulla
Gampaha	Galle	Jaffna	Ratnapura

Cases of cholera have not been reported since 2003.

Community water supply schemes are the main source of drinking water in most of these districts, and tested water samples from these sources showed faecal contamination. In addition, preserving the catchment areas of the water sources, ensuring proper purification of drinking water, especially

the community water schemes and wells, and strict law enforcement for food establishments could help to further reduce foodborne diseases in Sri Lanka.

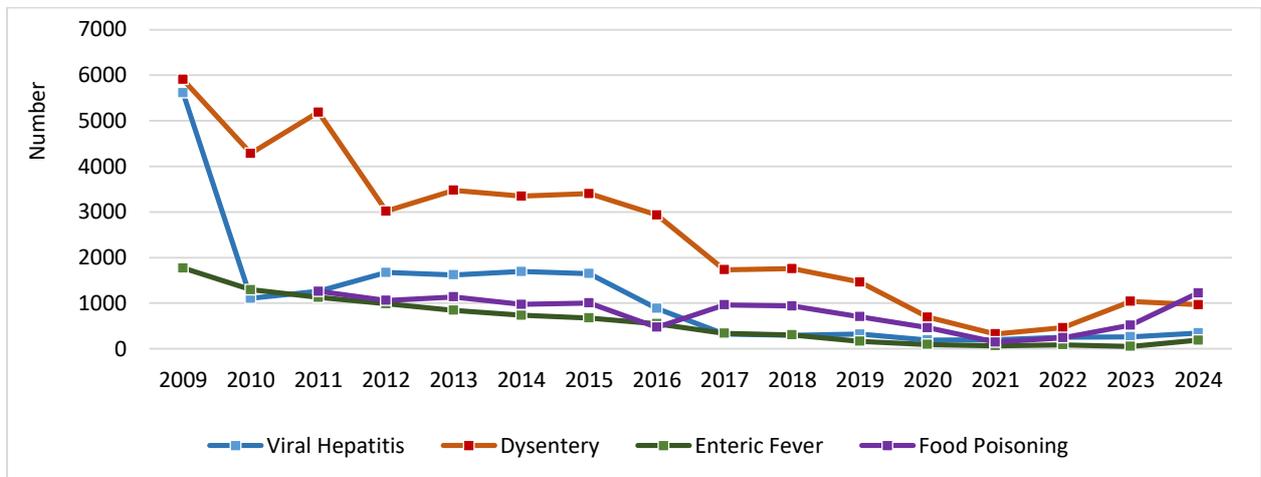


Figure 5.23: Number of cases reported by most prevalent food and water borne diseases, 2009-2024

Source: Clinically/Lab-confirmed cases reported from H 411a; Epidemiology Unit

6. Non-Communicable Diseases

6.1. Major Chronic Non-Communicable Diseases

According to Indoor Morbidity and Mortality Return (IMMR) data, nearly 50 per cent of the total deaths occurring in the government hospitals in Sri Lanka were due to major Non-Communicable Diseases (NCDs) such as cardiovascular disease, cancer, chronic respiratory diseases, and diabetes mellitus. In 2024, proportionate mortality for ischemic heart disease was 12.3 per cent, for cancers 9.1 per cent, for diseases of the respiratory system (excluding pneumonia, upper respiratory illnesses, and influenza) 12.0 per cent, for cerebro-vascular disease 7.2 per cent, for hypertensive diseases 0.8 per cent and for diabetes mellitus 0.8 per cent.

Number of deaths and hospital episodes due to major chronic NCDs in government hospitals from 2020 to 2024 are shown in Table 6.1 and Table 6.2.

Table 6.1: Number of deaths from major NCDs in government hospitals, all ages, 2020-2024

Major NCD	ICD code	2020	2021	2022	2023	2024
Cardiovascular diseases	I00-I99	14,484	15,282	18,521	18,688	18,692
Cancer	C00-D48	5,353	5,112	5,734	5,892	6,203
Chronic respiratory diseases	J40-J47	1,042	973	6,769	2,133	1,833
Diabetes mellitus	E10-E14	590	743	651	529	550

Source: Medical Statistics Unit

Table 6.2: Hospitalizations for selected NCDs in government hospitals, 2020-2024

Major NCD	ICD code	2020	2021	2022	2023	2024
Cardiovascular diseases	I00-I99	346,144	289,050	381,687	425,404	437,837
Cancer	C00-D48	141,817	133,910	156,458	169,870	173,946
Chronic respiratory diseases	J40-J47	133,231	82,482	185,462	215,175	211,564
Diabetes mellitus	E10-E14	82,565	61,443	67,040	68,335	68,171

Source: Medical Statistics Unit

Together, Tables 6.1 and 6.2 show that cardiovascular diseases consistently accounted for the highest number of both deaths and hospitalizations due to major NCDs in government hospitals from 2020 to 2024, with an overall increasing trend after 2021. Deaths and hospitalizations due to cancer, chronic respiratory diseases, and diabetes mellitus also showed notable variations over the period, reflecting their continued contribution to the NCD burden in government hospitals.

6.2. Injuries

In 2024, there was a notable rise in injury-related hospital admissions, increasing by approximately 0.09 million compared to 2023. According to the data, most injuries were happened at the usual residence. Injury-related morbidity and mortality vary significantly across age groups and Sinhala and Tamil New year period is the highlighted time period for reporting the highest number of injury events. Data proves that weekdays recorded a higher number of injury-related hospital admissions than the weekends. Monday had the highest share of admissions (15.3%) during a week, while Sunday had the lowest (13.9%).

Burden of injuries

Morbidity

Injuries remain the leading cause of hospital admissions in Sri Lanka. According to the National Injury Surveillance System (NISS), 2021 recorded the lowest number of injury-related admissions during the past decade. In 2024, a total of 1,3 million injury-related admissions were reported from government hospitals, representing an increase of 89,613 admissions (6.6%) compared to 2023 (1,264,811). In addition, the Outpatient Injury Surveillance System reported 172,276 injury cases in 2024.

Table 6.3: Percentage of injury-related inpatient admissions by type of injury, 2020-2024

Year	Type of injury (%)							
	Fall	Transport injuries	Animal bite	Struck/hit by object	Stab/cut	Poisoning	Animal sting	Other
2020	25.1	15.9	14.4	15.1	8.7	2.9	1.5	5.2
2021	24.1	17.0	13.9	24.8	9.3	3.3	1.6	6.0
2022	26.6	16.6	12.4	13.6	8.4	3.0	1.8	17.6
2023	27.0	14.0	17.0	15.0	8.0	-	-	19.0
2024	27.4	15.7	13.3	13.5	7.8	2.9	1.8	17.6

Source: National Injury Surveillance System

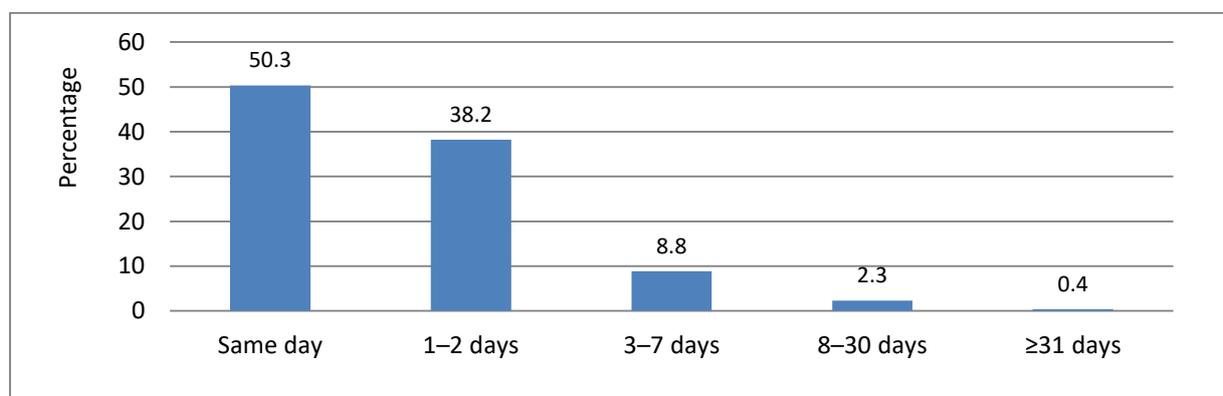


Figure 6.1: Percentage distribution of length of hospital stay among patients admitted due to injuries, 2024

Source: National Injury Surveillance System

Transport-related injuries ranked first among adolescents aged over 15 to 20 years and young adults aged over 20 to 30 years. Most patients admitted due to injuries were discharged on the same day (50.3%). A further 27.2 per cent stayed one day and 11 per cent stayed two days. Long stays were uncommon, with fewer than one per cent.

Animal bite or attack is the leading mechanism of injury among patients treated at outpatient departments (OPD). Animal bites accounted for a substantial proportion of injury admissions among school-aged children and older adults. Injuries due to struck/hit by object and injuries due to falls remain the second highest cause of OPD attendance. Further, the main contributor to injury-related deaths is accidents.

Table 6.4: Percentage of injury-related OPD attendance by cause, 2020-2024

Year	Cause of injury (%)						
	Animal bite	Fall	Struck/hit by object	Stab/cut	Transport injuries	Animal attack	Other
2020	69.4	7.0	9.3	4.8	2.6	2.8	4.1
2021	65.5	9.2	9.1	6.6	2.9	2.5	4.2
2022	67.8	7.9	8.7	4.6	2.9	2.9	5.2
2023	68.0	8.0	9.0	5.0	3.0	3.0	4.0
2024	70.0	8.0	8.6	4.6	2.5	2.8	3.5

Source: National Injury Surveillance System

Mortality

A total of 6,017 injury-related deaths were reported to the National Injury Surveillance System (NISS) in 2024 at the time of compilation of the report.

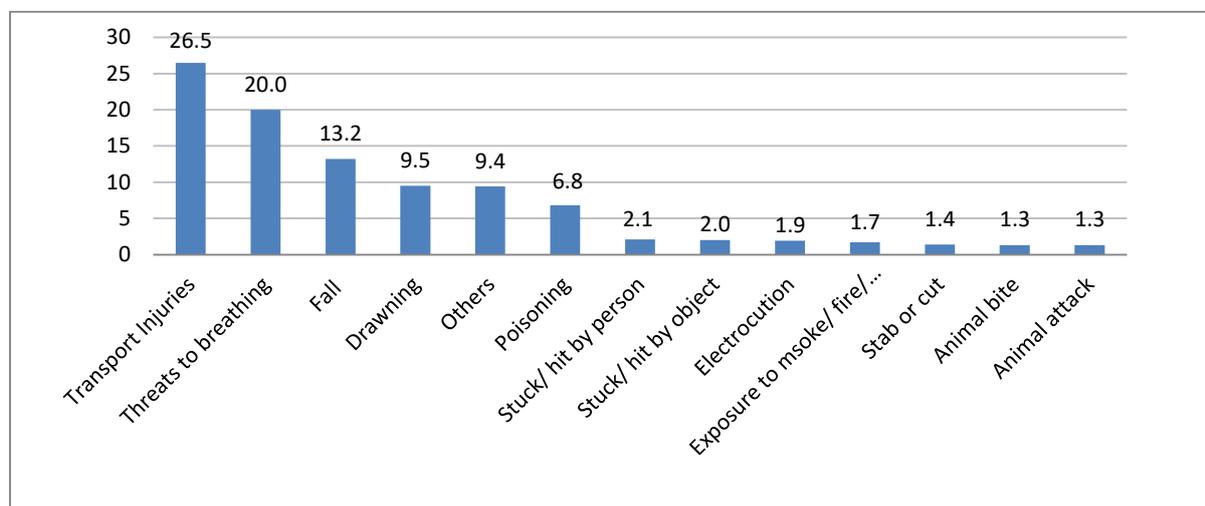


Figure 6.2: Leading mechanisms of injury-related deaths, 2024

Source: National Injury Surveillance System

Most injury-related deaths were due to unintentional causes, particularly animal bites and attacks, electrocution, falls, transport injuries, and drowning. In contrast, deaths due to threats to breathing, poisoning, and being struck or hit by a person were predominantly intentional. Intentional injury deaths increased from adolescence, largely due to suicidal intent, and peaked among those aged 21 to 30 years. Homicidal injuries were relatively more common among adults aged 21 to 50 years.

6.3. Chronic Kidney Diseases

The National Renal Disease Prevention and Research Unit is currently facilitating the prevention of Chronic Kidney Disease (CKD) / Chronic Kidney Disease unknown origin (CKDu) and the promotion of healthy kidney habits in the community from a young age.

Table 6.5: Number of hemodialysis patients reported to the Dialysis Units, 2024

RDHS Division	No of HD machines	Hemodialysis patients
Colombo	82	1,262
Gampaha	47	431
Kalutara	15	150
Kandy	95	1,143
Matale	9	60
Nuwara Eliya	8	66
Galle	16	65
Matara	9	102
Hambantota	8	47
Jaffna	34	258
Kilinochchi	9	50
Mannar	9	69
Vavuniya	23	161
Mullaitivu	11	77
Batticaloa	20	154
Ampara	23	199
Kalmunai	15	157
Trincomalee	20	209
Kurunegala	44	249
Puttalam	15	134
Anuradhapura	68	471
Polonnaruwa	86	361
Badulla	28	268
Monaragala	15	152
Ratnapura	18	210
Kegalle	7	70
Total	734	6,575

Source: National Renal Disease Prevention and Research Unit

A total of 907 patients underwent peritoneal dialysis during the period. Of these, 842 patients received Continuous Ambulatory Peritoneal Dialysis (CAPD), while 65 patients were treated with Automated Peritoneal Dialysis (APD). This shows that the majority of patients were managed through CAPD compared to APD.

Table 6.6: Number of renal transplants performed in government hospitals, 2022-2024

Institution	2022			2023			2024		
	Live Donor	Cadaver	Total	Live Donor	Cadaver	Total	Live Donor	Cadaver	Total
NH Colombo	N.A.	N.A.	78	51	22	73	N.A.	N.A.	70
NH Kandy	33	8	41	36	13	49	22	18	40
TH Colombo North	7	8	15	6	3	9	5	5	10
TH Karapitiya	-	-	-	6	-	6	-	-	13
TH Kurunegala	10	1	11	10	3	13	7	5	12
TH Anuradhapura	4	2	6	5	11	16	11	11	22
TH Jaffna	-	-	-	5	-	5	6	-	6
TH Badulla	8	2	10	10	2	12	5	1	6
DGH Monaragala	-	-	-	2	-	2	-	-	2
DGH Vavuniya	2	2	4	4	-	4	3	2	5
LRH	-	-	5	5	-	5	-	-	1
NINDT Maligawatta	30	14	44	43	10	53	45	9	54
Polonnaruwa NNSH	-	5	5	7	-	7	5	11	16
Army Hospital	N.A.	N.A.	5	5	-	5	N.A.	N.A.	1
Total			224			259			258

Source: National Renal Disease Prevention and Research Unit

6.4. Cancer

Cancer Incidence

Cancer incidence data in Sri Lanka can be obtained through the National Cancer Registry Programme which is coordinated by the National Cancer Control Programme. Information on newly diagnosed cancers is collected from point of diagnosis (pathology laboratories) and point of treatment (cancer treatment centres). Through the process of cancer registration, duplicate entries within the same year or the previous year are eliminated.

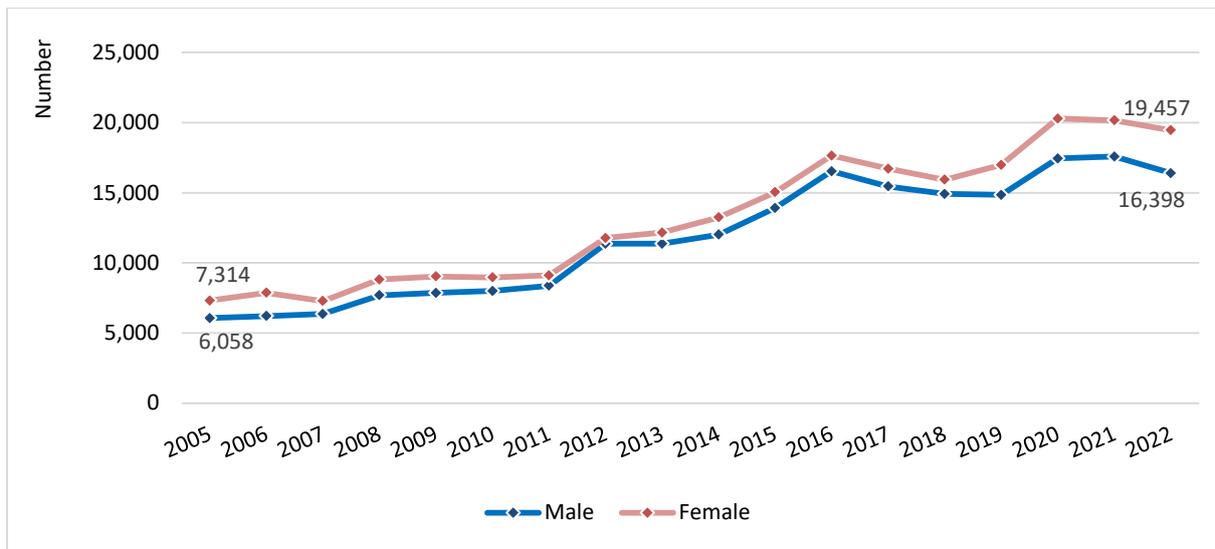


Figure 6.3: Number of newly diagnosed cancers by sex, 2005 - 2022

Source: National Cancer Registry Programme

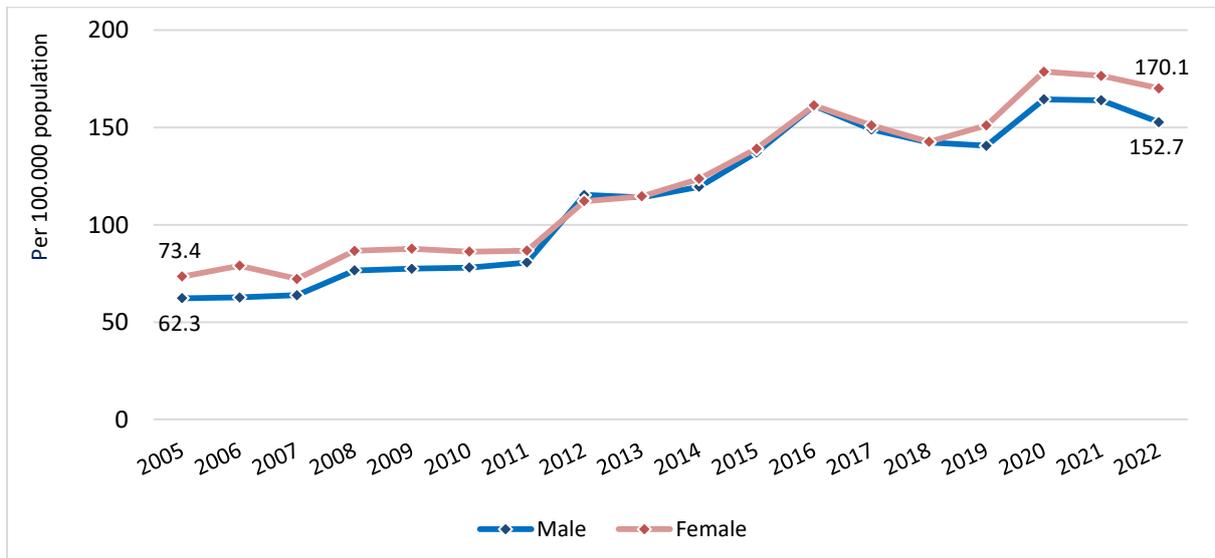


Figure 6.4: Crude cancer incidence rate by sex, 2005 -2022

Source: National Cancer Registry Programme

Leading cancer types

Lip, tongue and mouth cancers are the highest incident cancers among males during the time period from 2010 to 2022 and crude incident rate has increased from 13.8 / 100,000 (2005) to 28.1 /100,000 (2022). Both primary prevention and early detection programmes for lip, tongue and mouth cancers need to be further strengthened.

First time in the National Cancer Registry Programme, colon and rectal cancer has become second highest incident cancer among males, giving a crude incident rate of 14.6 /100,000 in 2022. Early diagnosis and early treatment programme need to be prioritized interventions for colon and rectal cancer control in Sri Lanka

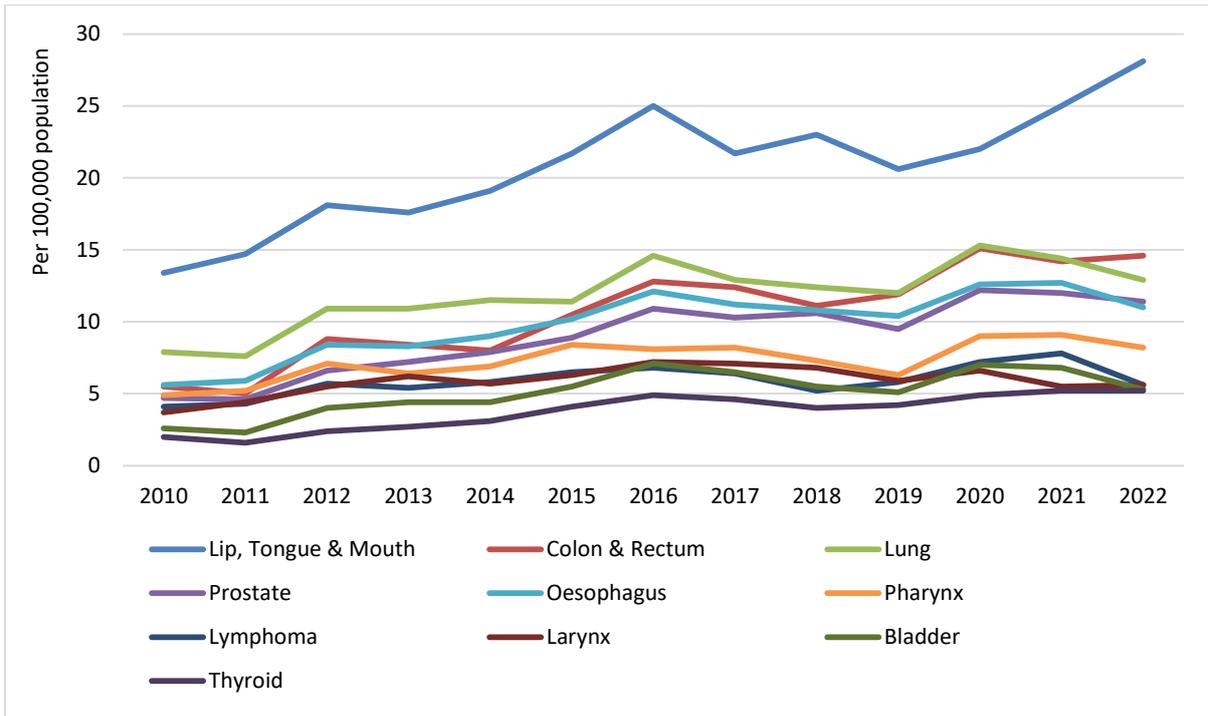


Figure 6.5: Crude incidence rates of leading male cancers, 2010- 2022

Source: National Cancer Registry Programme

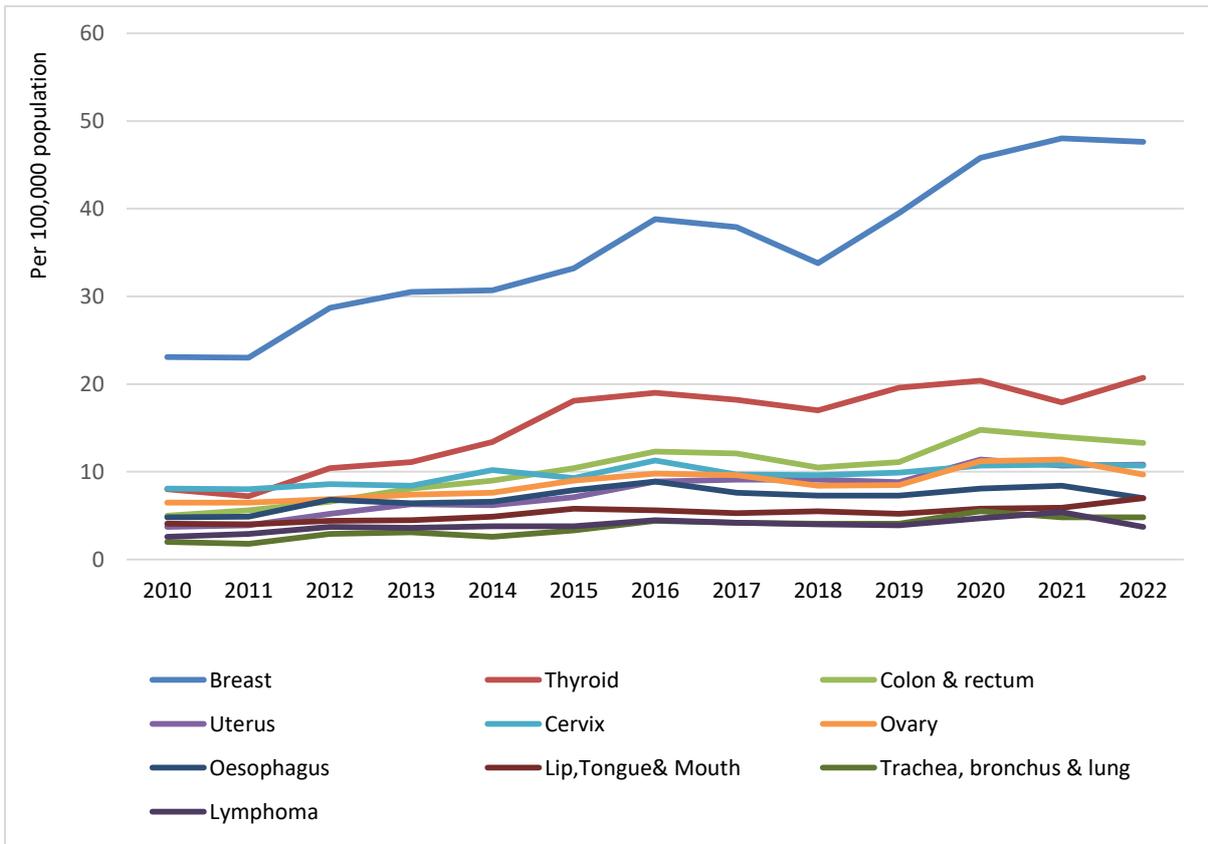


Figure 6.6: Crude incidence rates of leading female cancers, 2010- 2022

Source: National Cancer Registry Programme

Lung cancer ranks third highest incident cancer among males during the time period from 2010 to 2022 and crude incident rate has increased from 7.9 / 100,000 (2005) to 12.9 /100,000 (2022). Therefore, while continuing smoking prevention and cessation programmes, measures to prevent indoor and outdoor air pollution need to be strengthened. Out of the 10 highest incident cancers among males lip, tongue and mouth, colorectal, lung, oesophagus, pharynx, larynx and bladder cancers are tobacco-related cancers. Therefore, it is essential to further strengthen both smoking and smokeless tobacco prevention programmes.

Breast cancer is the highest incident cancer among females in Sri Lanka throughout 2010-2022. The crude incidence rate of breast cancers among females increased from 23.1 per 100,000 in year 2010 to 47.6 per 100,000 in year 2022. Therefore, early detection and prompt treatment programme for breast cancer care at each level need to be further strengthened.

Cervical cancer was second highest incident cancer among females in 2010. By 2022, it had become the 5th highest incident cancer among females. However, the crude incidence rate varied between 8.1 /100,000 (2010) & 11.3 /100,000 (2016) without showing marked reduction of crude incidence rate over the years. Therefore, cervical cancer screening programme, cervical cancer early diagnosis programme and the cervical cancer treatment programme need to be further strengthened while sustaining HPV vaccination programme for primary prevention of cervical cancer as a long term strategy

Thyroid cancer is the second highest incident cancer among females in Sri Lanka from 2012 onwards and crude incidence rate has increased over the years. Therefore, early diagnosis and evidence based treatment programme need to be further strengthened

Third highest incident cancer among females in year 2022 is colorectal cancers. Early diagnosis and early treatment programme need to be prioritized as interventions in cancer control in Sri Lanka. In addition to cervical cancer, uterine cancer and ovarian cancer are among the highest incident cancers among females in Sri Lanka. Therefore, early diagnosis and treatment programmes for common gynaecological cancers need to be strengthened at all levels of care.

New patient registration at cancer treatment centers

There are nine main cancer treatment centres, one in each province of the country that deliver specialized cancer care. These nine centres have been developed as Centres of Excellence (COE) for cancer care. In addition, at the end of 2024, there were 18 other cancer treatment centres available at the district level.

In 2024, a total of 40,421 new cancer registrations were reported from all 18 cancer treatment centres, indicating a substantial cancer burden in Sri Lanka. However, as the same patient may be registered at more than one centre, some degree of duplication may be present in this figure.

Cancer Mortality

Information on deaths occurring due to cancers throughout the country was obtained through the cause of death data reported to vital registration system of Sri Lanka.

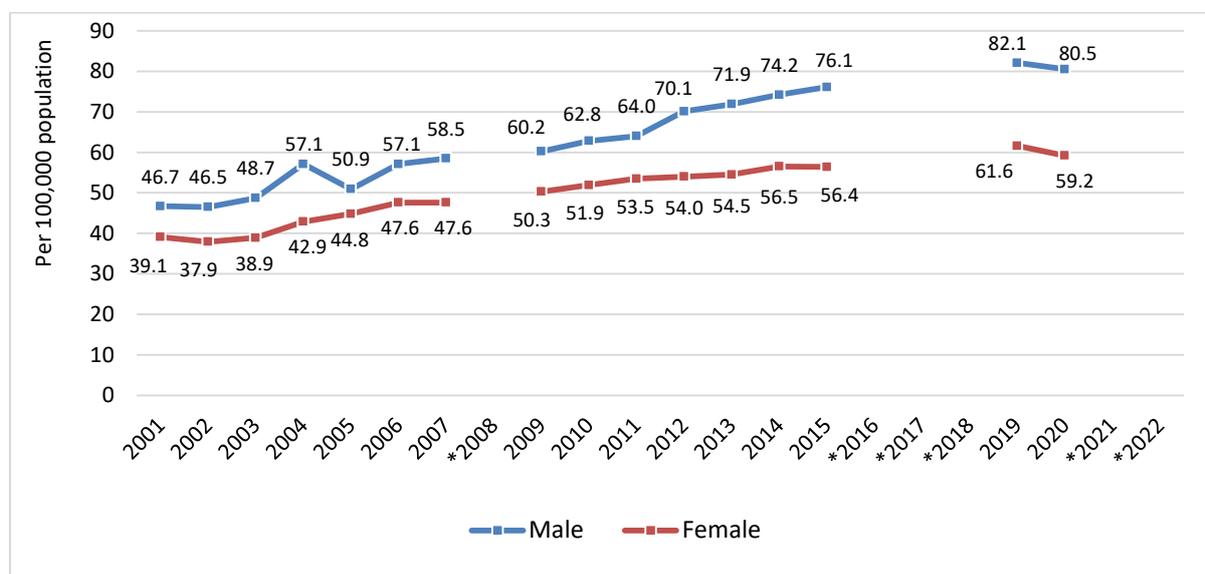


Figure 6.7: Crude cancer death rates by sex based on deaths reported to the vital registration system, 2001 - 2022

Source: National Cancer Registry Programme

Figure 6.8 illustrates the trend in mortality rates per 100,000 population by sex from 2001 to 2022. Overall, mortality rates among males remained consistently higher than those among females throughout the period.

Among males, the mortality rate increased steadily from 46.7 per 100,000 population in 2001 to 80.5 per 100,000 population in 2022, with a notable rise observed after 2010. In comparison, the female mortality rate showed a gradual increase from 39.1 per 100,000 population in 2001 to 59.2 per 100,000 population in 2022.

While both sexes exhibited an upward trend over the years, the increase was more pronounced among males. Consequently, the gender gap in mortality widened from approximately 7.6 per 100,000 population in 2001 to over 20 per 100,000 population in 2022 indicating a greater rise in mortality among males compared to females.

Cause of death data for 2020 is the latest available information.
http://www.statistics.gov.lk/Population/Vital_Statistics-2020)

Table 6.7: Number of deaths and crude death rate due to cancers by sex and site of cancer based on deaths reported to vital registration system of Sri Lanka, 2021

ICD-10 Code	Site of Cancer	Male		Female		Total	
		No.	CDR	No.	CDR	No.	CDR
C00-C14	Lip, oral cavity and pharynx	765	7.1	211	1.8	976	4.4
C15	Oesophagus	385	3.6	219	1.9	604	2.7
C16	Stomach	182	1.7	158	1.4	340	1.5
C18-C21	Colon, rectum and anus	268	2.5	253	2.2	521	2.4
C22	Liver and intrahepatic bile ducts	631	5.9	340	3.0	971	4.4
C25	Pancreas	118	1.1	84	0.7	202	0.9
C32	Larynx	170	1.6	57	0.5	227	1.0
C33-C34	Trachea, bronchus and lung	1,059	9.9	398	3.5	1,457	6.6
C43	Melanoma of skin	1	0.0	4	0.0	5	0.0
C50	Breast	12	0.1	869	7.6	881	4.0
C53	Cervix uteri			179	1.6	179	1.6
C54-C55	Uterus			341	3.0	341	3.0
C56	Ovary			283	2.5	283	2.5
C61	Prostate	291	2.7			291	2.7
C67	Bladder	168	1.6	35	0.3	203	0.9
C70-C72	Meninges, brain and other parts of central nervous system	293	2.7	235	2.1	528	2.4
C82-C85	Non-Hodgkin s lymphoma	158	1.5	116	1.0	274	1.2
C90	Multiple myeloma and malignant plasma cell neoplasms	72	0.7	65	0.6	137	0.6
C91-C95	Leukemia	327	3.0	282	2.5	609	2.7
C00-C95 Other	Remainder of malignant neoplasm	3,282	30.6	2,571	22.5	5,853	26.4
DOO-D48	Remainder of neoplasms	52	0.5	52	0.5	104	0.5
COO-D48	All Neoplasms	8,234	76.8	6,752	59.1	14,986	67.6

Source: Department of Registrar General

6.5. Mental Health

Mental health is a significant component of the NCD agenda, as mental disorders contribute substantially to the global and national disease burden. It affects emotional, psychological, and social well-being, influencing how individuals manage stress, perform daily functions, and engage with society. The national focus is on promoting mental well-being, preventing mental illness, and ensuring timely, affordable, and culturally appropriate care. Efforts also aim to reduce stigma and safeguard the human rights of individuals with mental health conditions.

Table 6.8: Key performance indicators of mental health, 2022-2024

Key performance indicator	Target for 2025	Observed value		
		2022	2023	2024
Proportion of districts with at least one psychiatrist and acute psychiatric inpatient care (%)	100	92	96	96
New clinic registrants with diagnosed mental illness per 100,000 population	466.5	400.4	461.1	463.2
Suicide rate per 100,000 population	14.25	15.6	15.6	15.0

Source: Mental Health Programme

Suicides

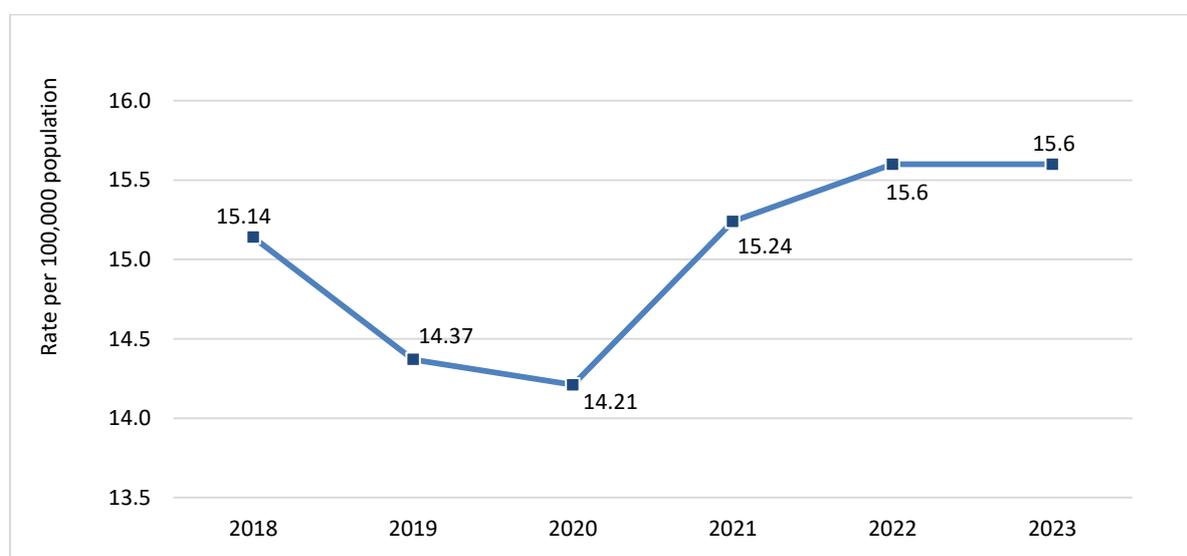


Figure 6.8: Suicide Rates, 2018-2023

Source: Department of Police, Department of Registrar General

Number of suicides has shown an increase since 2020 but suicide rate has remained stagnant over the last two years. Based on the most recent data, suicide rates declined significantly from 2018 to 2020, followed by a sudden drastic increase can be witnessed from 2020 to 2021. From 2021 to 2022 a slight increase was observed and in recent years the suicide rate has plateaued showing no significant increase or decrease after reaching 15.6 in 2022 and remaining the same in 2023.

Mental Disorders

According to the recent available data, hospitalizations due to mental disorders decreased from 2019 but have increased again over the last two years. Mainly the mood disorders (n=16,030) have become a critical issue in the Sri Lankan context. Further, persons with schizophrenia, mental and behavioral disorders due to the use of alcohol and other psychoactive substances have also been increased. The increase is partly due to the improvements in the information system.

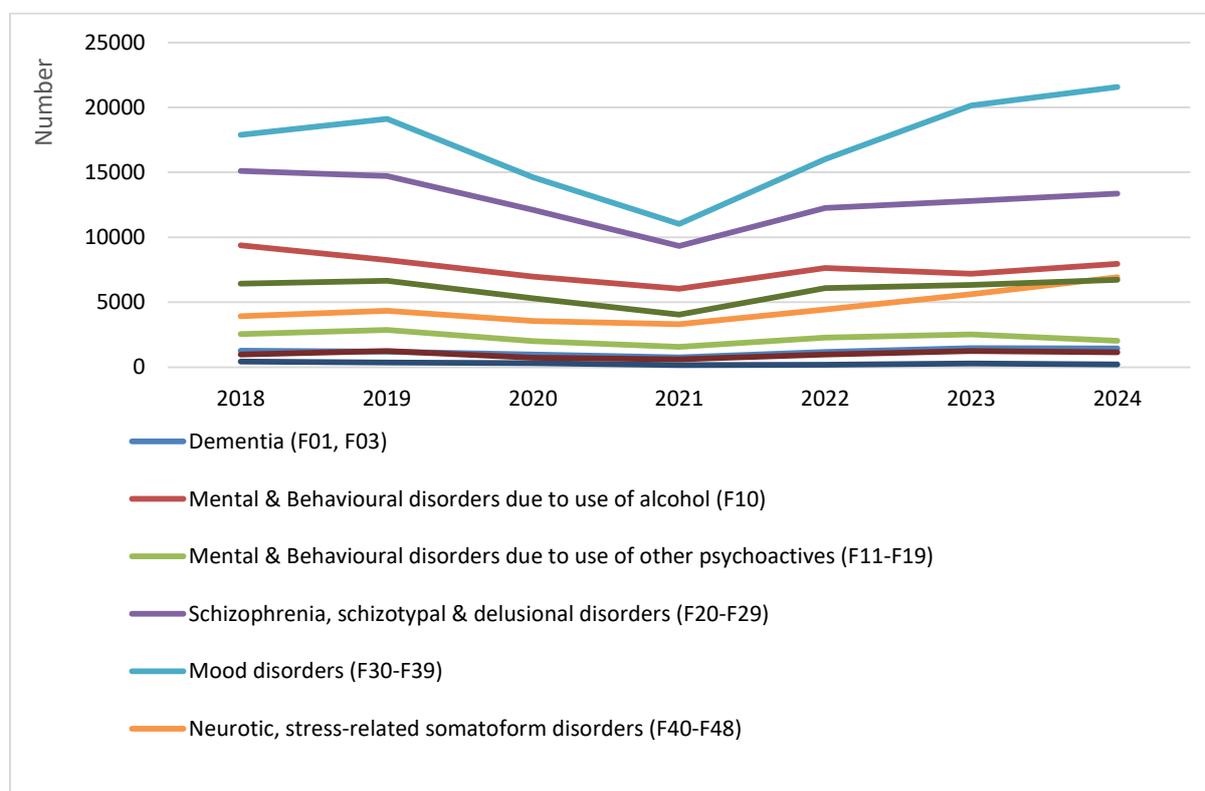


Figure 6.9: Number of hospitalizations due to mental disorders by type of diseases, 2018-2024

Source: Medical Statistics Unit

6.6. Neurological Disorders

The services related to neurological disorders have been recently incorporated under the Directorate of Mental Health. Disorders of nervous system are the leading cause of disability-adjusted life years (DALYs) and the second leading cause of death globally, accounting for 9 million deaths per year. A closely similar pattern is evident in Sri Lanka as well. Stroke is the third leading cause of premature mortality according to the Global Burden of Disease Study 2010. Premature mortality and morbidity due to disabilities due to those neurological disorders are an unbearable burden to the health system of low-income countries such as Sri Lanka. Therefore, a comprehensive approach to address the burden of neurological conditions will be followed including the promotion of healthy brain development in early life, optimization of brain health across the life course, prevention of avoidable neurological conditions, and a continuum of care for neurological conditions including diagnosis, treatment, rehabilitation, and palliative care through multidisciplinary and multi-sectoral approaches.

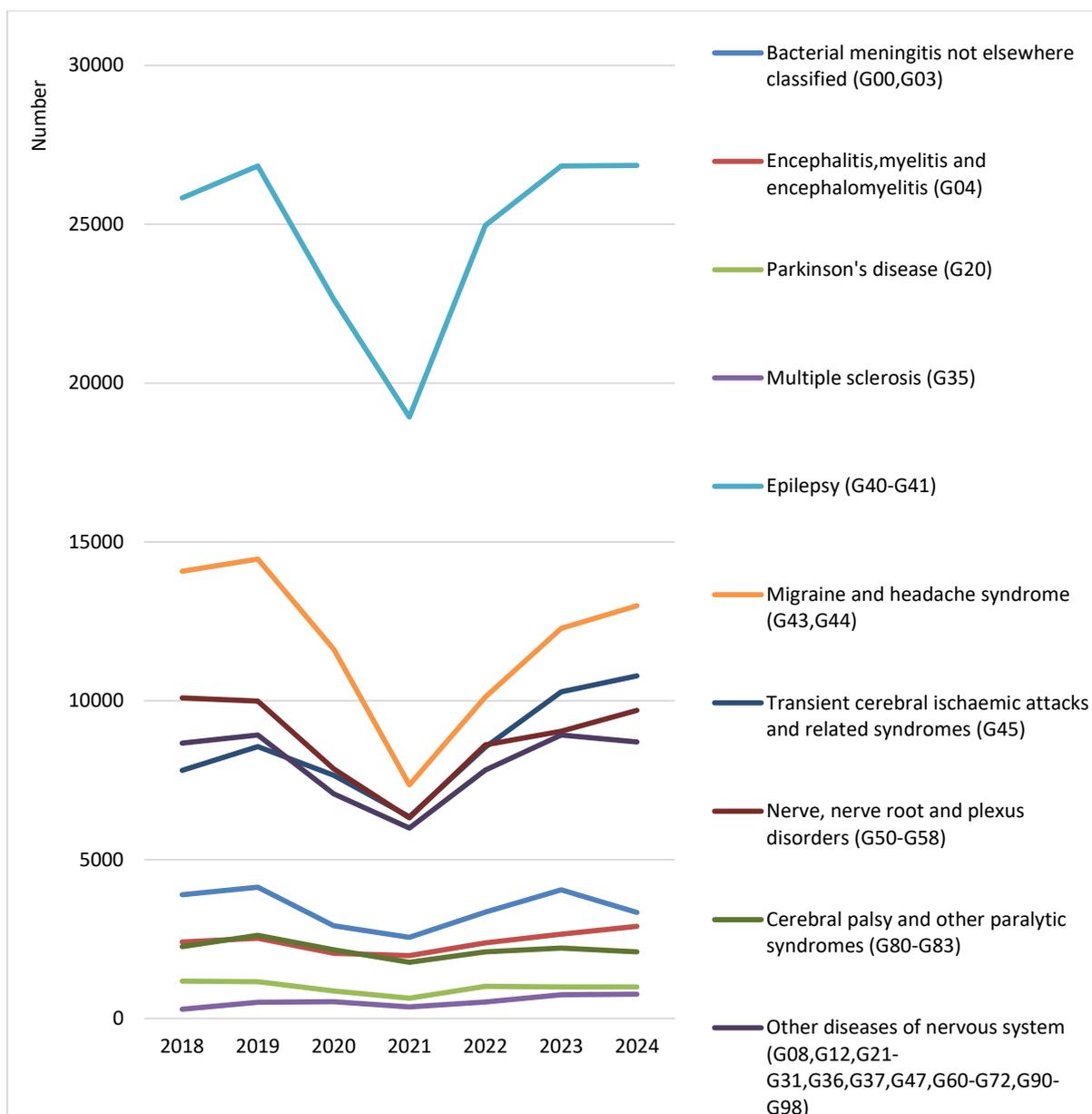


Figure 6.10: Number of hospitalizations due to selected neurological disorders, 2018-2024

Source: Medical Statistical Unit

With increasing life stressors and the rising of other mental health conditions, people frequently encounter challenging situations that require provision of quality mental health services. Therefore, it is essential to ensure that medical officers are adequately trained in the diagnosis and management of mental health problems at the first-contact level, as well as to train other supportive staffs involved in mental health services.

Risk Factors

7. Risk Factors

Risk factors are conditions or behaviors that increase the probability of developing diseases or adverse health outcomes. They may be biological, behavioral, environmental, or social, and often interact with one another to influence overall health. Addressing these risk factors is essential for reducing preventable illnesses, improving quality of life, and strengthening health systems.

This chapter highlights risk factors that directly affect individuals. It provides an overview of prevalence, trends, and consequences, with particular focus on anemia, abnormal body mass index (BMI) during pregnancy, nutritional deficiencies, adolescent health concerns, and gender-based violence.

7.1. Maternal and Child Health Risk Factors

Maternal nutrition plays a critical role in ensuring optimal short, medium, and long-term health outcomes for both the mother and the newborn. Pregnant women with nutritional deficiencies should be identified as early as possible and provided with appropriate interventions.

Anaemia in pregnancy

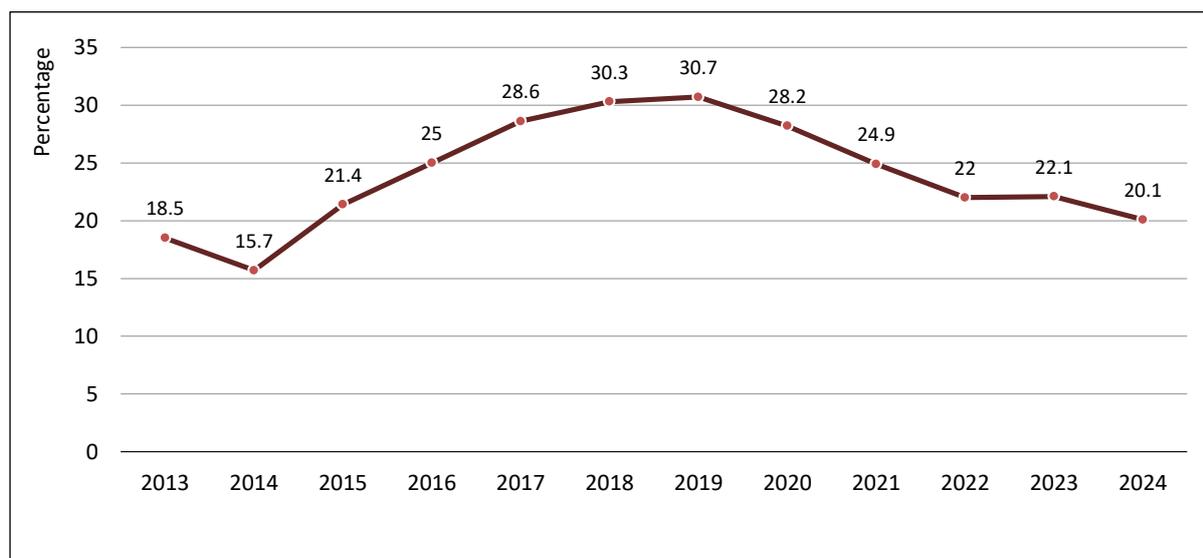


Figure 7.1: Percentage of pregnant women with anaemia during 26th– 28th weeks of gestation, 2013 - 2024

Source: Family Health Bureau

There was an upward trend in anaemia (Hb < 11 g/dl) reported during the second trimester upto 2019, reaching prevalence of 30.7 per cent among pregnant women. However, it shows a downward trend since then. In 2024, the prevalence of anaemia among pregnant women in second trimester was reported as 20.1 per cent.

BMI in pregnancy

Sri Lanka is experiencing a substantial burden of maternal malnutrition. The prevalence of low body mass index (BMI < 18.5 kg/m²) among pregnant women in first trimester has decreased from 23.0 per cent in 2013 to 14.1 per cent in 2024. In contrast, the prevalence of overweight (BMI ≥ 25 kg/m²) increased from 17.2 per cent to 33.7 per cent during the same period.

The government health sector of Sri Lanka provides a package of nutrition specific interventions delivered through antenatal and postnatal care, the aim of improving, nutritional status of pregnant women in the country. As part of a preventive approach, the pre-pregnancy care programme educates newly married women on achieving a healthy weight through appropriate diet and physical activity prior to conception.

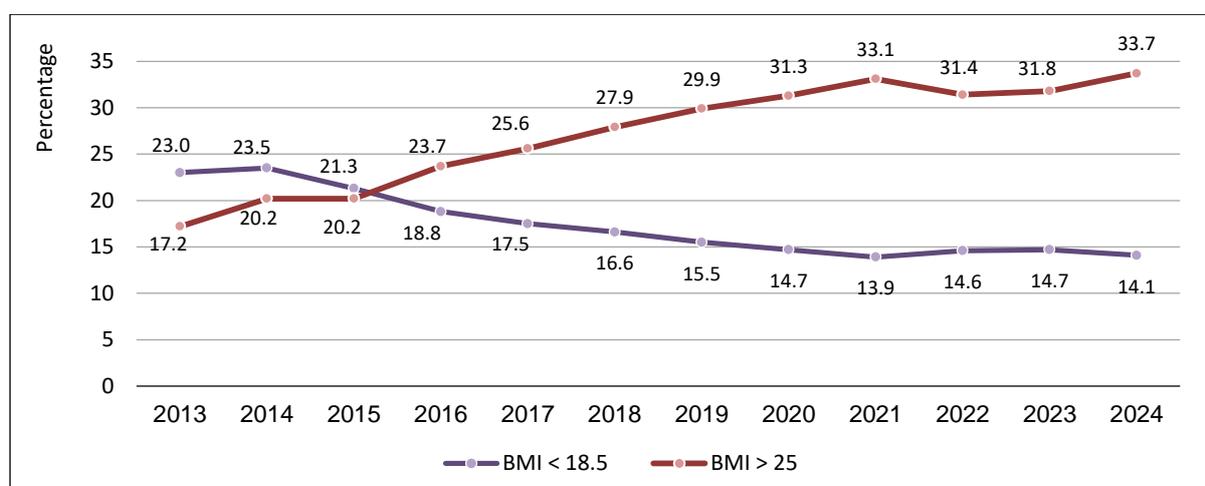


Figure 7.2: Percentage of pregnant women at risk BMI levels, 2013 - 2024

Source: Family Health Bureau

Low birth weight among new-born

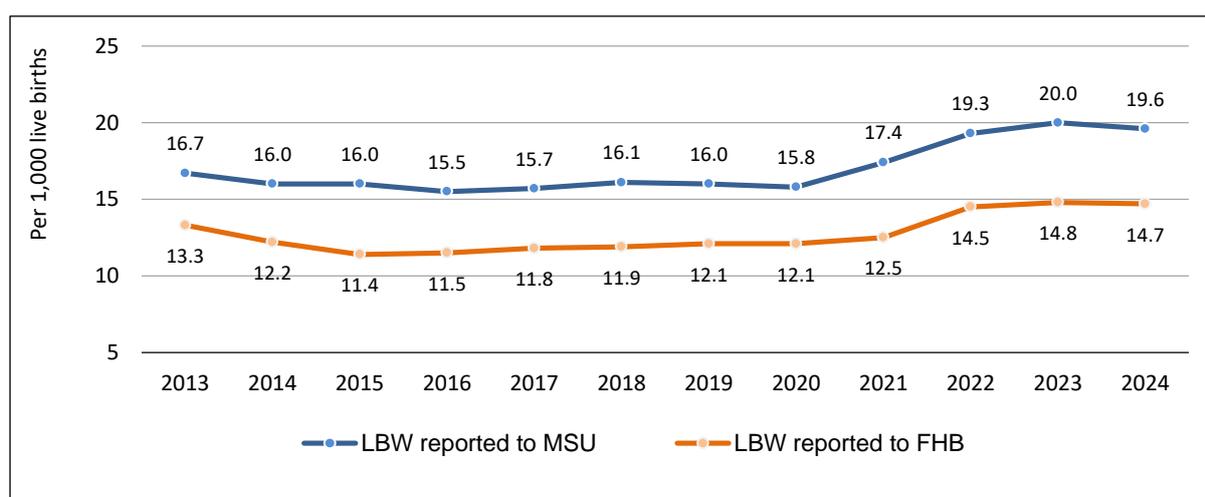


Figure 7.3: Low birth weight rate, 2013 - 2024

Source: Family Health Bureau and Medical Statistics Unit

In 2024, the low birth weight rate reported to eRH MIS was 14.7. However, compared with the low birth weight rate (19.6) reported by the Medical Statistics Unit, eRH MIS continued to report lower values.

7.2. Nutritional Risk Factors

Nutrition status among children under 5 years

The annual population-based survey on child nutrition status was conducted again in 2024 during the National Nutrition Month to obtain comprehensive prevalence data and to strengthen the focus of health care providers and caregivers on child nutrition. According to this activity which was conducted during the month of June in year 2024, the percentage of children under 5 years with wasting has reduced and overweight has slightly increased compared to 2023. With regard to stunting, there is an increase from 2023 to 2024 possibly reflecting the long-term impact of the economic crisis faced by the country while underweight remained more or less stagnant. In addition to this annual survey, a special data collection exercise was carried out in parallel to gather information on the profile of children with SAM, which provided significant insights into the issue.

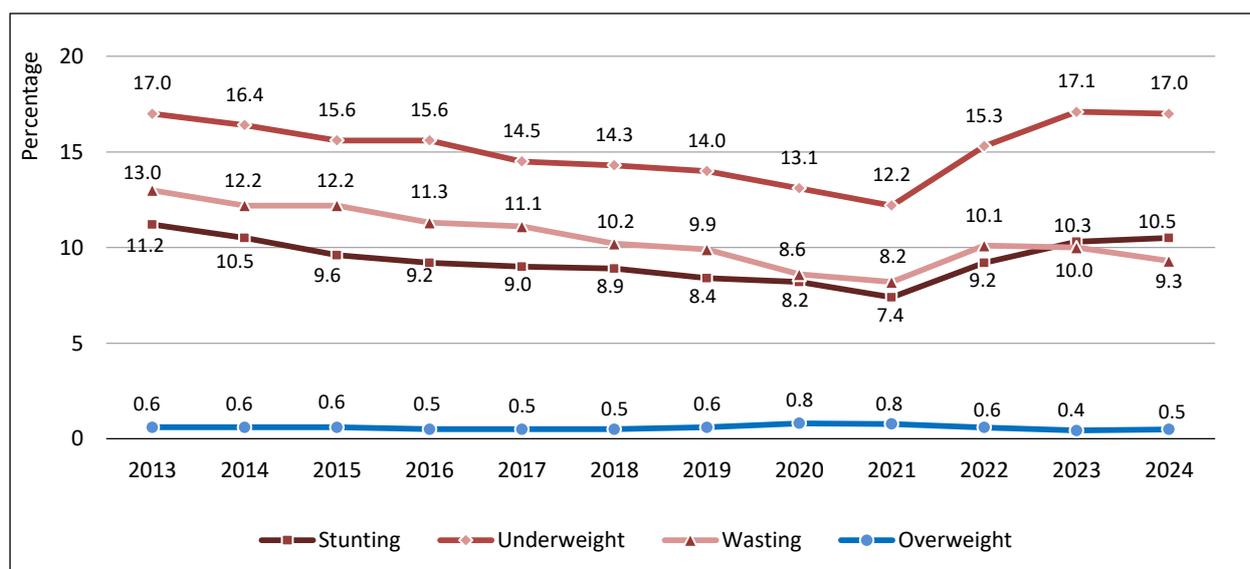


Figure 7.4: Percentage of under-five children by nutrition status, 2013 – 2024

Source: Family Health Bureau

Malnutrition among school children

During the School Medical Inspections (SMIs) students in grades one, four, seven and ten are assessed for their nutritional status.

Figure 7.5 shows the percentages of school children in grades one, four, seven and ten with stunting, wasting, overweight and obesity in 2024. In 2024, it was noted that almost 6 per cent of children in Grade 10 who were in their second growth spurt were stunted. Wasting among these children

showed a gradual decline with age from 18.1 per cent to 13.9 per cent. However, overweight and obesity showed a slow rise.



Figure 7.5: Malnutrition indicators of school children, 2024

Source: eRHMS, Family Health Bureau

Selected nutritional interventions were carried out to counter these warning trends observed from SMI data. An exclusive website for school community with a comprehensive Learning Management System (LMS) was developed and the guideline for prevention of overweight and obesity among school children was widely circulated covering all the schools in the country.

7.3. Adolescence Health Risk Factors

Teenage pregnancies

The percentage of teenage pregnancies reported has gradually decreased over the past decade, from 5.3 per cent in 2013 to 3.7 per cent in 2024.

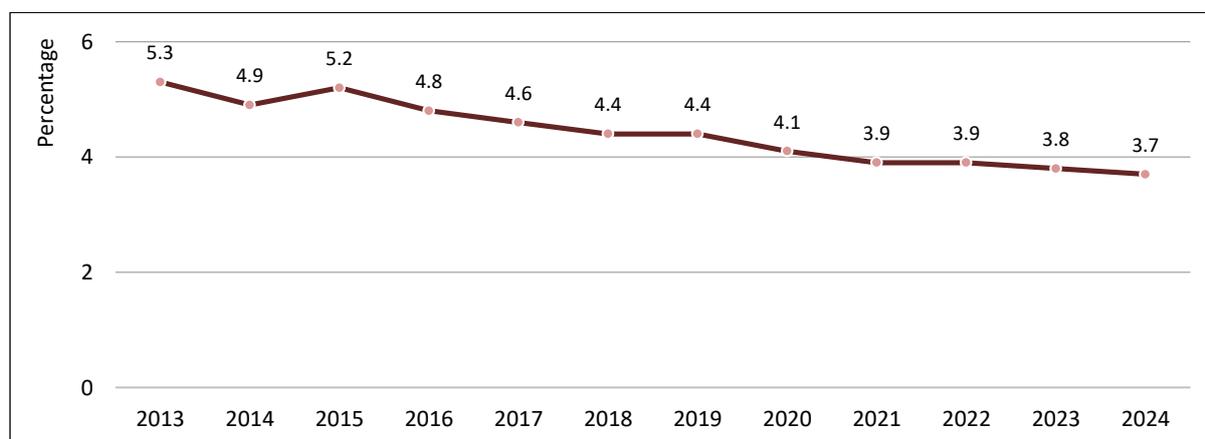


Figure 7.6: Percentages of Teenage pregnant mothers out of all registered pregnancies, 2013 - 2024

Source: Family Health Bureau

In 2022, 2023, and 2024, nearly 80 per cent of teenage pregnancies were reported among those aged 18–19 years, whereas the proportion of registered mothers below 16 years remained around 0.1 per cent.

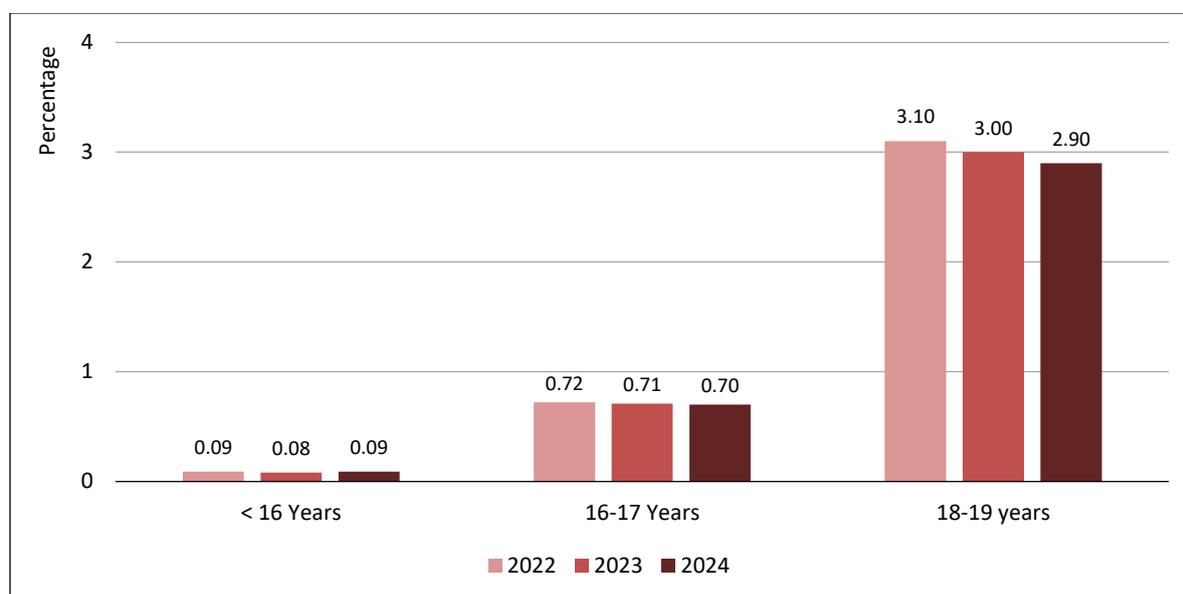


Figure 7.7: Percentage of registered teenage pregnant mothers by age group, 2022-2024

Source: Family Health Bureau

Table 7.1: Number of registered teenage pregnant mothers by age group, 2019 – 2024

Years	Total	Age of pregnant mother		
		Less than 16 years	16-17 years	18-19 years
2019	14,887	323	2,540	12,024
2020	13,448	296	2,361	10,791
2021	11,898	250	2,099	9,549
2022	11,166	243	2,044	8,879
2023	9,337	208	1,733	7,396
2024	8,778	218	1,654	6,906

Source: Family Health Bureau

7.4. Gender-Based Violence

Gender-based violence (GBV) is recognised as a major public health issue that results in a wide range of adverse consequences for survivors, negatively affects children, and undermines family wellbeing. The World Health Organization, in its World Report published in 2004, identified GBV as a major cause of disability and death among women and estimated that one in three women worldwide experiences intimate partner violence (IPV). Although this is a common problem, it is also considered a hidden issue, as many women do not disclose their experiences due to reasons such as cultural norms, fear of reprisal, concern over children, shame, and internalising the violence. It also places an increasing burden on the country’s health-care services. In addition, the social and economic burden at the national level resulting from domestic violence (DV/IPV/GBV) is substantial and is currently estimated to be greater than that attributed to malignancies.

Gender-based violence during pregnancy, which is relatively common, leads to many negative pregnancy outcomes, including miscarriages, stillbirths, and maternal deaths. Also, GBV in one generation can influence the behaviour of the next generation through a process of learned behaviour. When children are exposed to violence between their parents, boys learn violence as an approach to achieving control and eventually have a greater chance of being perpetrators. On the other hand, girls learn to accept violence as inevitable and have a higher chance of being survivors in their adult lives.

Figure 7.8 shows the number of GBV survivors identified from 2017 to 2024, separated by male and female. The number of female survivors increased significantly over the years, from about 6,000 in 2017 to 24,000 in 2024.

- The number of male survivors remained much lower and increased slowly, from around 2,600 in 2017 to about 4,400 in 2024.
- Overall, more females were identified as GBV survivors than males every year

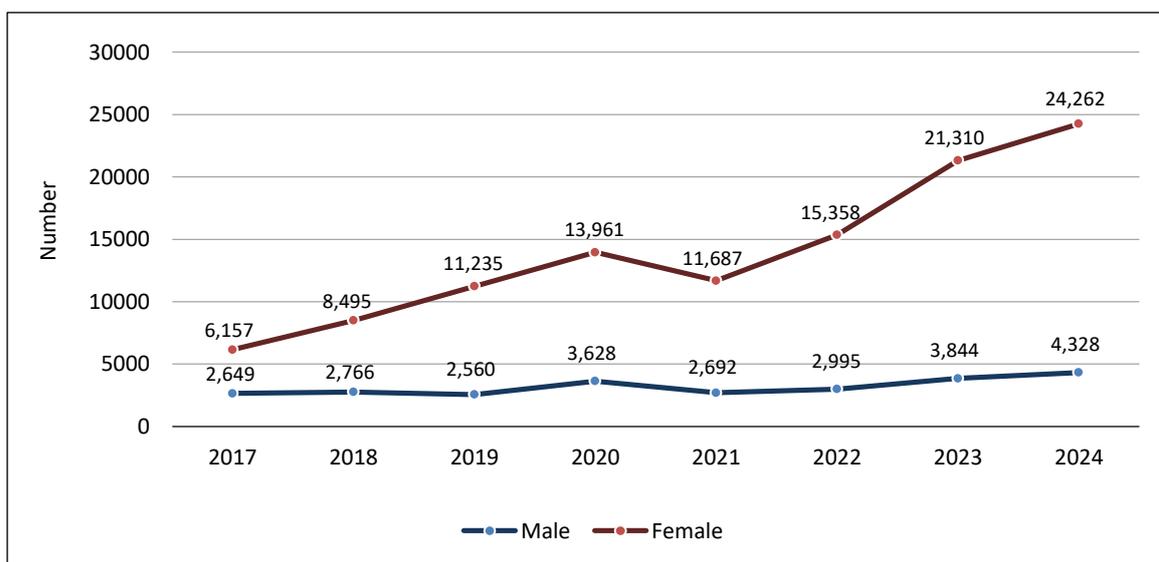


Figure 7.8: Number of gender-based violence survivors identified, 2017-2024

Source: eRHMS, Family Health Bureau

Service Coverage

8. Health Service Coverage

The Ministry of Health is responsible for delivering healthcare services to all citizens of the country. The goal of the public sector health services is to ensure the provisions of high-quality services to people in need of promotive, preventive, curative, rehabilitative, and palliative services.

8.1. Reproductive Health Service Coverage

The overall contraceptive prevalence rate (CPR) for any method has been gradually increasing. A steady decline in unmet need for family planning has been observed from 2017 to 2024. To improve access to contraceptives, strategies have been developed to engage young people and private sector employees. The Family Health Bureau together with partners such as the Family Planning Association and Population Services Lanka has contributed to sustaining the modern contraceptive prevalence at favourable levels.

The Figure 8.1 shows the contraceptive prevalence rate and unmet need for family planning from 2017 to 2024.

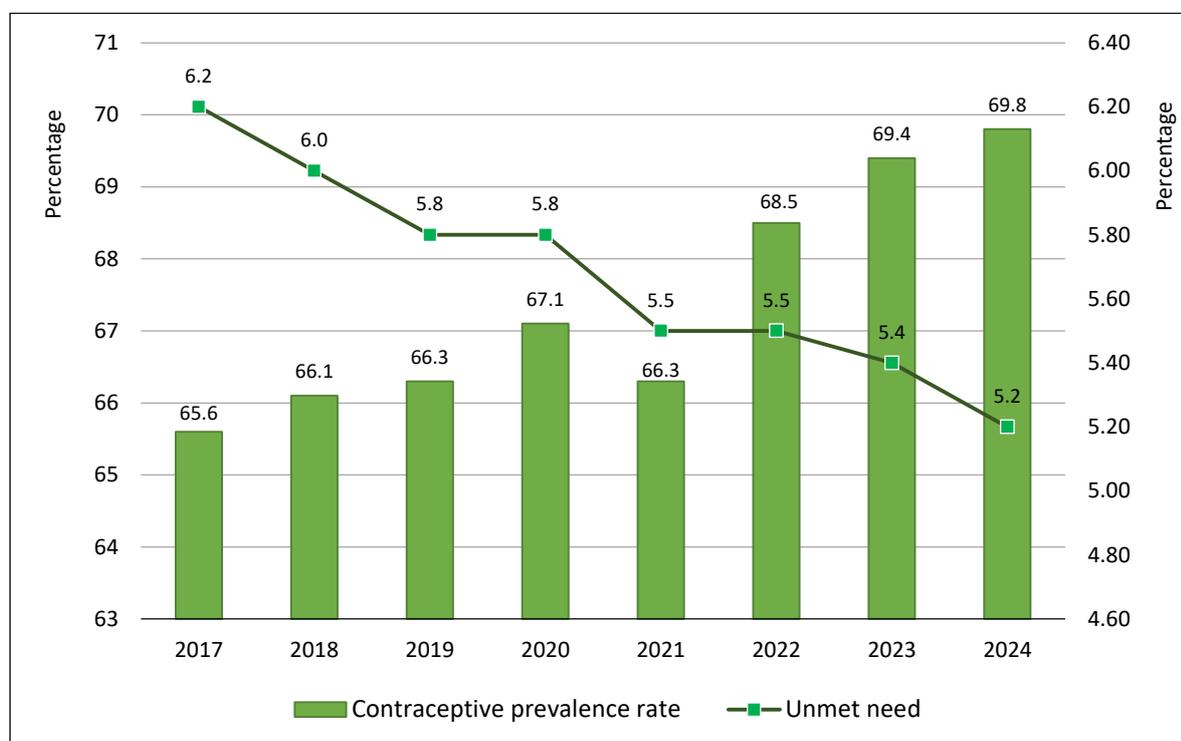


Figure 8.1: Percentage of current users of any family planning method and the unmet need for family planning, 2017 - 2024

Source: e-RHMIS, Family Health Bureau

The method mix explains the availability, service delivery, and distribution of modern contraceptive methods. Figure 8.2 shows the percentages of contraceptive method use in 2017 and 2024. Between 2017 and 2024, condom use increased by 2.6 per cent; implant use increased by 2.3 per cent; and injectable use increased by 3.1 per cent. IUD use and pill use declined during the past eight years. Vasectomy and ligation and resection of tubes were rarely reported.

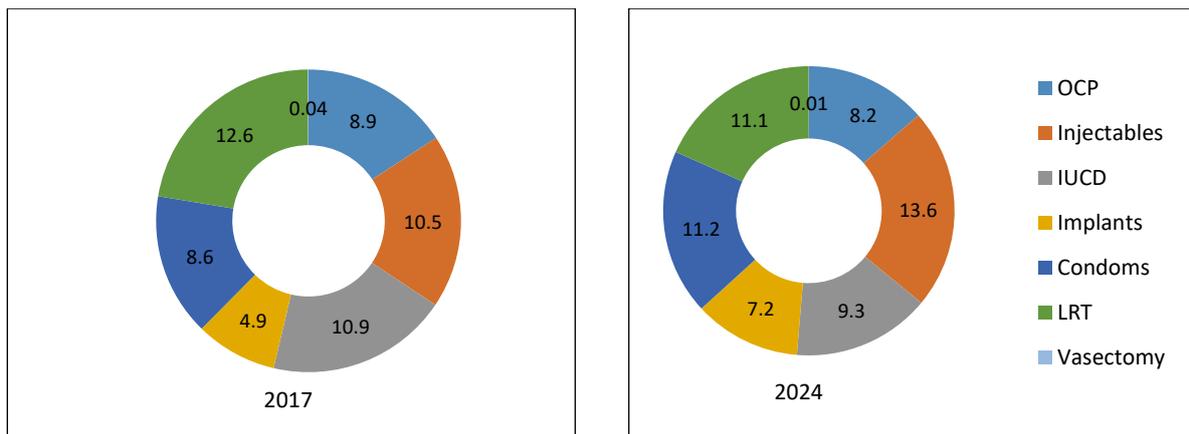


Figure 8.2: Percentages of use of modern family planning methods, 2017 and 2024

Source: e-RHMIS, Family Health Bureau

8.2. Services Provided by the Well-Woman Clinics

The objective of the Well Women Clinic (WWC) is to screen women between the ages of 35 and 60 years for selected health conditions; diabetes mellitus, hypertension, oral, breast and cervical cancers. Health education on menopause, sexually transmitted diseases/ human immunodeficiency virus (STD/HIV), nutrition and family planning (FP) services are also provided.

Table 8.1: Percentage of women participating in WWC and undergoing PAP smear screening in the 35-year and 45-year age cohorts, 2020 – 2024

Year	Attendance		Undergone PAP smear screening	
	35-year cohort	45-year cohort	35-year cohort	45-year cohort
2020	58.1	20.9	53.1	19.6
2021	43.6	17.9	40.3	17
2022	55.2	30.1	50.3	28.3
2023	65.2	46.7	60.6	43.3
2024	62.5	46.6	57.7	43.2

Source: e-RHMIS, Family Health Bureau

8.3. Pre-Pregnancy Care Services Coverage

Sri Lanka is one of the countries in the region that has commissioned a Pre-Pregnancy Care Package, which was initiated in 2012. The package includes awareness creation, health promotion, screening and other appropriate interventions aimed at reducing risk factors that might affect future pregnancies of women of reproductive age. In 2024, out of all primiparous mothers registered by PHMs, 53.8 per cent attended both sessions while 67.3 per cent attended at least one session.

8.4. Antenatal Care Service Coverage

Out of all registered pregnant women, 82 per cent had registered for care before eight weeks of amenorrhea in 2024. Antenatal care service coverage indicators and shown in Table 8.2.

Table 8.2: Percentage of pregnant mothers registered at PHMs by type of antenatal care, 2020-2024

Indicator	2020	2021	2022	2023	2024
Pregnant mothers registered by PHMs out of estimated pregnancies	98.7	96.3	96.0	97.0	97.4
Pregnant mothers registered before 8 weeks	80.9	81.8	80.8	81.7	82.0
Pregnant mothers registered between 8-12 weeks	12.6	12.1	12.6	11.7	11.4
Pregnant mothers protected against Rubella at registration	99.4	99.4	98.7	99.1	99.2
Pregnant mothers tested for VDRL at the time of delivery	99.4	99.3	98.5	98.6	99.5
Pregnant mothers blood group tested at the time of delivery	99.7	99.6	99.6	99.6	99.7
Pregnant mothers protected against Tetanus out of reported deliveries	99.6	99.5	99.4	99.5	99.5

Source: Family Health Bureau

In 2024, the PHM visited 97.2 per cent of registered pregnant women at least once at home, and 96.1 per cent of them attended a government sector antenatal clinic at least once.

Table 8.3: Percentage of mothers receiving antenatal service coverage, 2020 – 2024

Indicator	2020	2021	2022	2023	2024
Pregnant mothers receiving at least one home visit service by PHM	94.2	93.9	96.2	97.5	97.2
Registered pregnant mothers who made at least one clinic visit	95.6	95.2	96.9	96.6	96.1

Source: Family Health Bureau

8.5. Postnatal Care Service Coverage

Table 8.4: Percentage of mothers received postpartum care provided by PHMs, 2020 – 2024

Indicator	2020	2021	2022	2023	2024
Average number of home visits during the first 10 postpartum days	1.7	1.7	1.7	1.8	1.7
At least 1 home visit during the first 10 days (%)	80.9	76.0	76.6	77.9	70.9
Postpartum visits by PHM around 42 days (%)	70.0	66.3	69.8	73.8	67.3

Source: e-RHMIS, Family Health Bureau

Postpartum care coverage provided by Public Health Midwives (PHMs) showed fluctuations during the period 2020–2024. The average number of home visits during the first 10 postpartum days remained relatively stable at around 1.7–1.8 visits, with a value of 1.7 recorded in 2024. The proportion of mothers receiving at least one home visit within the first 10 postpartum days declined to 70.9 per cent in 2024 from 77.9 per cent in 2023. Similarly, postpartum visits by PHMs around 42 days decreased to 67.3 per cent in 2024 compared to 73.8 per cent in the previous year.

Table 8.5: Percentage of registered mother’s pregnancy outcome, 2020 – 2024

Indicator	2020	2021	2022	2023	2024
Pregnancy outcome reported out of registered pregnancies (%)	85.4	82.0	81.8	83.2	76.6
Deliveries reported out of total estimated births (%)	85.9	82.4	82.2	82.7	75.1
Institutional deliveries out of total reported deliveries (%)	99.9	99.9	99.9	99.9	99.9
Number of home deliveries	244	274	308	283	227
Home deliveries out of total reported deliveries (%)	0.09	0.10	0.12	0.13	0.11
Untrained deliveries out of total reported deliveries (%)	0.05	0.06	0.08	0.09	0.08

Source: e-RHMIS, Family Health Bureau

Reporting of pregnancy outcomes and deliveries showed a declining trend during 2020-2024, with further reductions observed in 2024. In 2024, pregnancy outcomes were reported for 76.6 per cent of registered pregnancies, and deliveries accounted for 75.1 per cent of total estimated births, both representing decreases compared to 2023. Institutional deliveries consistently remained very high throughout the period, accounting for 99.9 per cent of all reported deliveries in 2024. Home deliveries remained minimal, with 227 cases reported in 2024, representing 0.11 per cent of total reported deliveries. Similarly, untrained deliveries continued to be rare, accounting for 0.08 per cent of total reported deliveries in 2024.

8.6. Infant and Child Care Service Coverage

Table 8.6: Infant and child care services provided by the field staff, 2020 – 2024

Indicator	2020	2021	2022	2023	2024
Infants registered by PHM out of estimated births (%)	90.8	85.9	86.3	87.1	75.2
Infants having at least one home visit after 42 days out of registered infants (%)	49.1	45.6	51.1	55.0	55.3
Average number of home visits per infant	7.5	7.6	7.7	8.6	8.6
Estimated infants given Vitamin A at 12 months (%)	81.0	83.9	79.0	87.2	76.3
Estimated children given Vitamin A at 3 years (%)	87.1	91.9	91.5	106.1	101.8
Children aged 1-2 years weighed (%)	60.9	56.4	73.0	83.7	85.4
Children aged 2-5 years weighed (%)	62.3	55.9	70.6	82.3	85.5

Source: e-RHMIS, Family Health Bureau

Coverage of infant and child care services provided by field staff showed mixed trends during 2020–2024. In 2024, the proportion of infants registered by Public Health Midwives (PHMs) declined to 75.2 per cent of estimated births. However, follow-up care improved, with 55.3 per cent of registered infants receiving at least one home visit after 42 days, and the average number of home visits per infant remaining high at 8.6 visits. Vitamin A supplementation coverage at 12 months decreased to 76.3 per cent in 2024, while coverage at 3 years remained above 100 per cent (101.8%), likely reflecting catch-up supplementation. Growth monitoring coverage continued to improve, with 85.4 per cent of children aged 1–2 years and 85.5 per cent of children aged 2–5 years weighed in 2024.

8.7. Child Health Service Coverage

Child health services such as school health surveys, School Medical Inspections (SMIs), and health promotion activities are carried out by the Public Health Inspectors (PHIs) of the respective areas.

School health surveys are conducted annually by the range PHIs and are expected to be completed preferably within the first quarter of the year to allow timely interventions. School Medical Inspections cover students in grades 1, 4, 7 and 10 focusing primarily on assessing their nutritional status.

The concept of Health Promoting Schools was initiated in 2007; however, its coverage remained moderate. To strengthen implementation, a Health Promoting Month was declared in 2023 in collaboration with the Ministry of Education.

Table 8.7: Child health services provided by the field staff, 2024

Indicator	School Health Surveys	School Medical Inspections	Health Promotion Activities
Percentages of schools covered	99.4	98.9	72.7

Source: e-RHMIS, Family Health Bureau

Proper sanitation, hygiene, and the use of safe water are vital for providing a safe school environment. According to the School Health Survey 2024, safe drinking water was available in 76.9% of schools, while usable toilet facilities were available in 91.2 per cent of schools.

Strengthening follow up services

The follow up of children with special needs, suspected heart disease, visual defects and hearing defects has been strengthened. The follow up visits by the PHI for the students identified with correctable defects are closely monitored at the monthly MOH conferences to increase the number of corrected defects.

Re-establishment of Specialized Saturday Clinics in all referral hospitals has been strengthened to complement this activity.

Table 8.8: Number of students identified with defects during school medical inspection, 2024

Defects identified	Number of students	
	Identified with defects	Examined by consultant
Heart defects	16,930	10,156
Behavioural defects	3,892	1,932
Visual defects	59,507	33,437
Hearing defects	877	473

Source: e-RHMIS, Family Health Bureau

Dental Services

Dental caries among school children in Sri Lanka has been significant public health concern over the past decade. Data from e-RHIMS indicate that caries prevalence remains high among children, particularly in younger age groups, though targeted interventions have shown some impact in reducing rates.

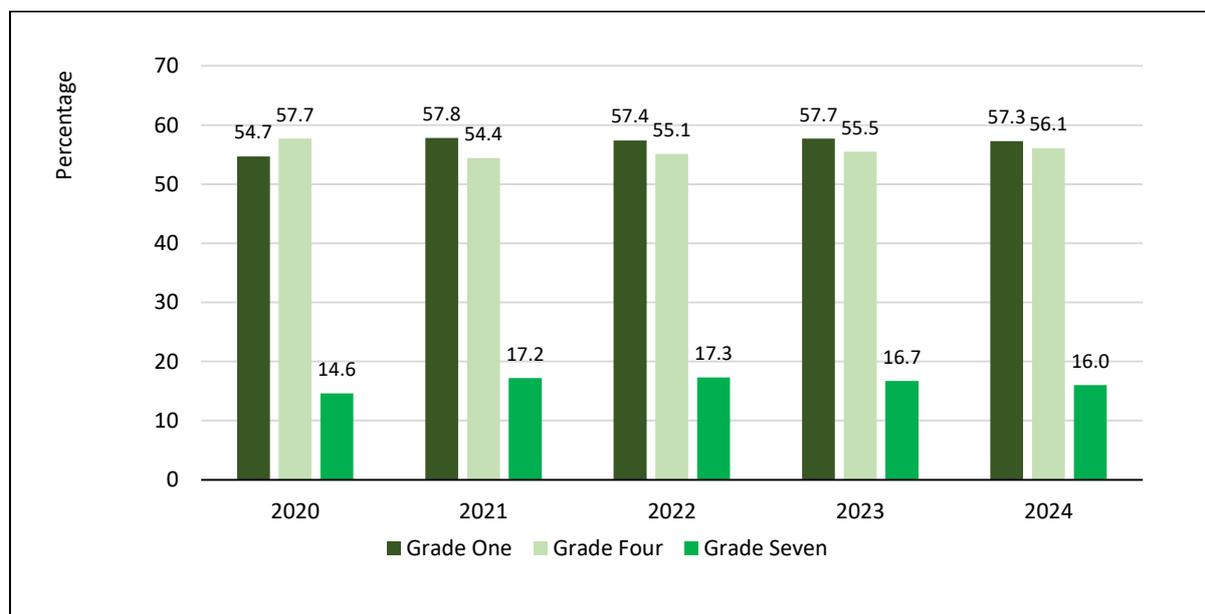


Figure 8.3: Percentage of dental caries among school children, 2020 – 2024

Source: e-RHIMS, Family Health Bureau

Dental caries remains a significant public health concern among schoolchildren, with historically high prevalence observed across grades. More than 50–60 per cent of Grade 1 and Grade 4 students have experienced dental caries, with marked urban–rural disparities, while Grade 7 students show a relatively lower but still concerning prevalence of around 40–50 per cent. Preventive initiatives such as the National Fluoride Varnish Programme for Grade 1 children and the school-based fissure sealant programme for Grade 4 students have been introduced to address this burden, with phased and gradual implementation expected to improve outcomes over time. Although modest improvements have been noted in some urban areas and among older children, on-going challenges related to access to dental care, dietary practices, and socioeconomic factors continue to influence caries prevalence, indicating the need for sustained and equitable oral health interventions.

To effectively reduce caries rate, continued expansion of preventive programs, improves accessibility to fluoride products, and targeted oral health education are crucial.

8.8. Adolescent Sexual and Reproductive Health Service Coverage

In contexts where adolescents face risks related to teenage pregnancy, sexually transmitted infections, and sexual violence, health services are available at both the community and hospital levels. These services prioritize the best interests of the adolescent, offering family planning, sexual

and reproductive health education, parental guidance, counselling, and referrals as needed. Yowun Piyasa centres through 41 hospitals, and Yowun Piyasa clinics of the medical officer of health areas provide services to adolescents and youth. This service package includes adolescent sexual and reproductive health service components, as well. Public health midwives register and provide care for adolescents during their domiciliary visits. PHMs provide antenatal care to pregnant adolescents and ensure special attention during and after delivery, offering breastfeeding and psychological support. They are also expected to refer complex cases to higher-care facilities.

Reviewing of the national strategic plan on adolescent and youth health 2018-2025

WHO supported an external review of the existing national strategic plan on adolescent and youth health. The findings of this review and global advances in adolescent health will inform the development of the next strategic plan. Preliminary discussion in this regard was held.

Table 8.9: Services provided by Mithuru Piyasa centres, 2020 – 2024

Year	Number of Mithuru Piyasa clinics	Number of planned clinic supervision	Number of clinic supervision	Number of survivors given emotional support	Number of new GBV survivors identified	Number of survivors referred
2020	29	8	7	4,164	17,589	3,946
2021	53	15	13	3,541	14,379	3,687
2022	14	21	21	4,834	18,353	4,299
2023	13	15	15	7,048	25,154	6,333
2024	7	12	10	8,341	28,593	7,624

Source: e-RHMIS, Family Health Bureau

8.9. Services Coverage for Addressing Gender Based Violence

Government health sector has immense responsibility to address gender based violence (GBV). As such, all countries in the region, including Sri Lanka, have addressed this issue thorough the health sector to a varying extent.

The health sector in Sri Lanka has responded favourably by addressing GBV in the areas of prevention as well as in the response to the survivors, in an effective manner, cross-cutting the health sector. Gender and Women’s Health Unit of the Family Health Bureau (FHB) is the nodal agency at the national level responsible for addressing GBV in the health sector. The programmes implemented by FHB include programmes that focus mainly on,

- I. Prevention of GBV,
- II. Programmes centered mainly on the provision of care for survivors of GBV,
- III. Programmes concentrating on both prevention of GBV and provision of care for survivors of GBV,
- IV. Activities and events designed to create and enabling environment to strengthen the health sector response to GBV.

Table 8.10: Number of GBV survivors identified and service provision, 2020 – 2024

Year	New survivors identified		Survivors given emotional support	Survivors (referred)
	Male	Female		
2020	3,628	13,961	9,153	3,946
2021	2,692	11,687	7,848	3,687
2022	2,995	15,358	10,413	4,299
2023	3,844	21,310	15,452	6,333
2024	4,328	24,262	17,309	7,624

Source: e-RHMIS, Family Health Bureau

Table 8.10 shows the annual service provision to GBV survivors by preventive health staff from 2020 to 2024. There has been a significant year-on year growth in both identification and service provision to GBV survivors, suggesting improved outreach, awareness, and service capacity by preventive health staff.

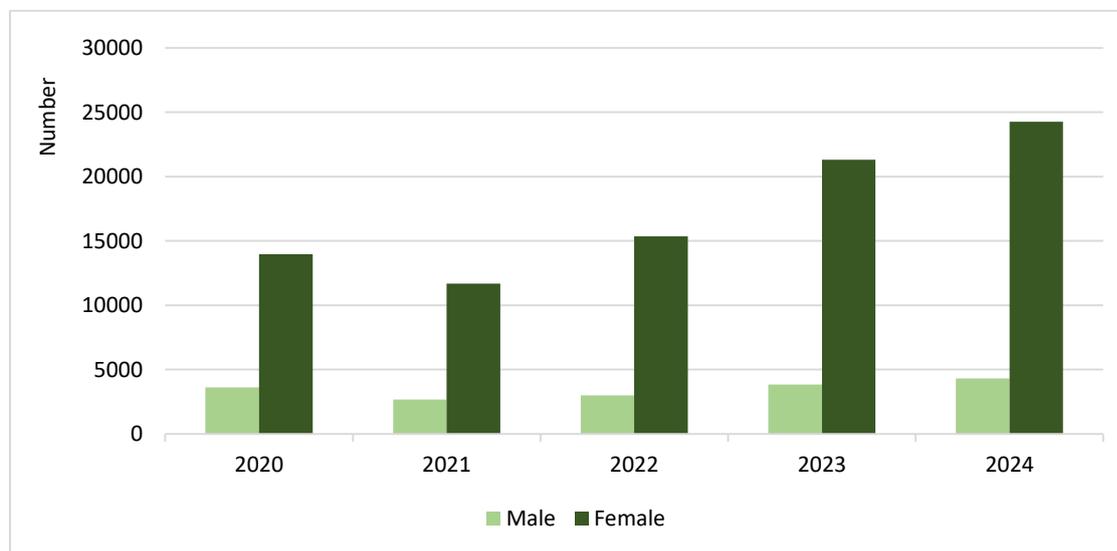


Figure 8.4: Number of new survivors identified by Sex, 2020-2024

Source: e-RHMIS, Family Health Bureau

Health System

9. Curative Care Services

In Sri Lanka, curative care services are provided by both the government and private sectors. Within the government sector, these services are delivered through a well-structured network of primary, secondary, and tertiary care institutions. All curative services in public health institutions are state-funded and offered free of charge to all citizens, regardless of their place of residence.

Primary medical care is primarily delivered through a wide network of Primary Medical Care Units (PMcus) and Divisional Hospitals (DHs) located across the island. PMcus offer basic services such as outpatient consultations, wound dressings, injections, and drug dispensing. While most PMcus lack laboratory facilities, some are equipped with dental units.

Divisional Hospitals (DHs) provide both outpatient and inpatient care, with some facilities offering laboratory services including basic microscopic examinations. Many DHs also operate special clinics, such as those for non-communicable diseases (NCDs) and mental health. Further, Healthy Life Centers (HLCs), which conduct screenings for selected NCDs and provide health education services are located at either PMcus or DHs.

Secondary care services are provided by Base Hospitals Type A and B, which offer at least four main specialties: Internal Medicine, Paediatrics, Obstetrics and Gynaecology, and Surgery. These hospitals are supported by essential services including laboratory diagnostics, radiology departments, and pharmacies. Base hospitals also function as the first referral level for primary care institutions.

Tertiary care services are delivered through National Hospitals, Teaching Hospitals, and District General Hospitals, offering advanced diagnostic, therapeutic, and surgical interventions. In addition, there are several specialized tertiary care institutions operating directly under the Ministry of Health, which cater to specific medical conditions or specialties.

Beyond the mainstream public health system, curative care services are also provided by hospitals affiliated with the Tri-Forces, Police, and Prison Department, extending coverage to specific population groups under their jurisdiction.

9.1. Inpatient Care, Outpatient Care and Clinic Visits

Figure 9.1 illustrates the trends in inpatient admissions, OPD attendance and clinic visits from 2018 to 2024. OPD attendance dropped drastically during the COVID-19 period however; this has been gradually increasing since 2022.

In 2024, reported OPD attendance, clinic attendance and inpatient admissions were 55 million, 32 million and 7 million respectively.

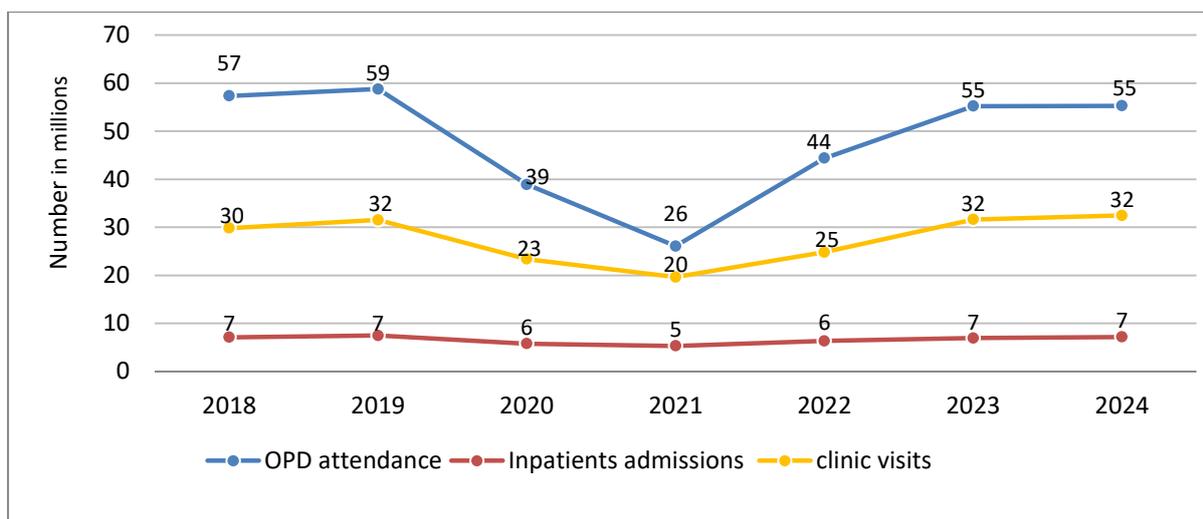


Figure 9.1: Number of OPD attendance, inpatient admissions, and clinic visits, 2018-2024

Source: Medical Statistics Unit

Table 9.1: Number of hospitalizations by type of institutions, 2024

Type of Hospital	Number of Hospitalizations	%
Tertiary Care Hospitals	3,793,623	52.7
National Hospital	666,444	9.3
Teaching Hospital	1,435,631	20.0
Specialized Teaching Hospital	162,793	2.3
Other Specialized Hospital	180,537	2.5
Board Managed Hospital (Tertiary Care)	50,306	0.7
District General Hospital	1,297,912	18.0
Secondary Care Hospitals	1,980,945	27.5
Base Hospital-Type A	1,220,773	17.0
Base Hospital-Type B	743,484	10.3
Board Managed Hospital (Secondary Care)	16,688	0.2
Primary Care Hospitals	1,376,953	19.1
Divisional Hospital-Type A	394,224	5.5
Divisional Hospital-Type B	547,994	7.6
Divisional Hospital-Type C	432,465	6.0
Primary Medical Care Unit	2,270	0.0
Other Hospitals	43,378	0.6
Prison Hospital	15,239	0.2
Police Hospital	6,461	0.1
Army Hospital	18,800	0.3
Navy Hospital	2,742	0.0
University Health Centre	136	0.0
Total	7,194,899	100.0

Source: Medical Statistics Unit

Includes: Institutions with indoor facilities such as Mental, Chest, Leprosy, Police, Prison, Fever, Cancer, Dental and Rehabilitation hospitals.

Table 9.1 shows the inward admissions and Table 9.2 presents OPD attendance and Clinic visits by type of institution in 2024.

Table 9.2: Number of OPD attendance and clinic visits by type of institutions, 2024

Type of Institutions	Number of OPD Visits	%	Number of Clinic Visits	%
Tertiary Care Hospitals	10,535,200	19.0	15,511,004	47.7
National Hospital	1,386,689	2.5	2,998,220	9.2
Teaching Hospital	3,332,576	6.0	5,290,905	16.3
Specialized Teaching Hospital	898,517	1.6	856,171	2.6
Other Specialized Hospital	593,952	1.1	798,738	2.5
Board Managed Hospital (Tertiary Care)	29,907	0.1	177,764	0.6
District General Hospital	4,293,559	7.8	5,389,206	16.6
Secondary Care Hospitals	10,734,991	19.4	6,915,228	21.3
Base Hospital-Type A	5,463,890	9.9	4,277,943	13.2
Base Hospital-Type B	5,159,717	9.3	2,520,129	7.8
Board Managed Hospital (Secondary Care)	111,384	0.2	117,156	0.4
Primary Care Hospitals	32,820,016	59.2	9,541,543	29.4
Divisional Hospital-Type A	4,887,307	8.8	1,930,119	5.9
Divisional Hospital-Type B	9,221,367	16.6	2,655,449	8.2
Divisional Hospital-Type C	9,847,947	17.8	2,503,463	7.7
Primary Medical Care Unit	8,836,842	15.9	2,443,449	7.5
PMCU & MH	26,553	0.1	9,063	0.0
Other Care Hospitals	1,334,504	2.4	549,817	1.7
Prison Hospital	388,497	0.7	26,864	0.1
Police Hospital	138,815	0.3	84,085	0.3
Army Hospital	173,956	0.3	129,881	0.4
Navy Hospital	184,911	0.3	26,940	0.1
Air Force Hospital	4,525	0.0	-	-
University Health Centre	21,232	0.0	123	-
STD Clinic	41,629	0.1	69,825	0.2
Chest Clinic	315,577	0.6	189,756	0.6
ADC			2,043	0.0
Other	65,362	0.1	20,300	0.1
Total	55,424,711	100.0	32,517,592	100.0

Source: Medical Statistics Unit

Includes: Institutions with indoor facilities such as Mental, Chest, Leprosy, Police, Prison, Fever, Cancer, Dental and Rehabilitation hospitals.

Table 9.3: Number of clinic visits by type of clinic, 2020 – 2024

Type of clinic	2020	2021	2022	2023	2024
Medical	10,932,051	9,160,491	11,423,863	14,727,217	15,081,103
Dental	2,336,293	1,766,506	2,779,122	3,410,512	3,430,724
Diabetic	1,278,758	1,048,956	1,281,679	1,556,584	1,609,214
Eye	1,128,594	925,876	1,356,274	1,709,283	1,788,625
Psychiatric	955,088	800,356	1,047,001	1,227,803	1,241,626
Surgical	914,236	761,030	1,035,401	1,257,080	1,290,533
Skin	800,114	635,264	879,258	1,090,607	1,221,223
Cardiology	665,940	608,578	798,254	994,420	1,091,927
Baby	476,404	470,789	454,206	498,094	435,388
Cancer	429,996	436,252	515,168	614,827	661,920
Gynaecology and Obstetrics	1,432,991	1,266,516	1,337,894	1,417,987	1,373,110

Source: Medical Statistics Unit

Includes: PMCUs with maternity beds, institutions with indoor facilities such as Mental, Chest, Leprosy, Police, Prison, Fever, Cancer, Dental and Rehabilitation hospital and other institutions without indoor facilities.

9.2. Maternal Services

In 2024, the total number of deliveries reported by government hospitals was 186,942. Out of these deliveries, 184,701 were single deliveries and 2,241 were twin or multiple deliveries.

Table 9.4: Number of deliveries by type of institutions and outcome of delivery, 2024

Type of institution	Total deliveries	Outcome of delivery		
		Single deliveries	Twin deliveries	Other deliveries
National Hospital	4,917	4,845	66	6
Teaching Hospital	48,300	47,574	696	30
Specialized Teaching Hospital	20,068	19,698	343	27
Other Specialized Hospital	2,142	2,129	13	-
Board Managed Hospital (Tertiary Care)	1,352	1,334	18	-
District General Hospital	50,632	50,055	567	10
Base Hospital-Type A	44,211	43,840	368	3
Base Hospital-Type B	13,830	13,745	85	-
Divisional Hospital-Type A	378	378	-	-
Divisional Hospital-Type B	403	403	-	-
Divisional Hospital-Type C	330	330	-	-
PMCU & MH	5	5	-	-
Army Hospital	374	371	3	-
Total	186,942	184,701	2,165	76

Source: Medical Statistics Unit

The Caesarean delivery rate is very high in Sri Lanka. In 2024 it was 43.0 per cent. National Hospitals and Teaching Hospitals reported the highest rates. Further, special hospitals such as Army Hospital, also reported the highest caesarean rate (47.3%), despite their lower number of deliveries.

Table 9.5: Number of deliveries by type of institutions, 2024

Type of institution	Total deliveries	Caesarean deliveries	
		Number	%
National Hospital	4,917	2,219	45.1
Teaching Hospital	48,300	21,865	45.3
Specialized Teaching Hospital	20,068	8,357	41.6
Other Specialized Hospital	2,142	940	43.9
Board Managed Hospital (Tertiary Care)	1,352	806	59.6
District General Hospital	50,632	22,293	44.0
Base Hospital-Type A	44,211	18,247	41.3
Base Hospital-Type B	13,830	5,461	39.5
Divisional Hospital-Type A	378	-	-
Divisional Hospital-Type B	403	-	-
Divisional Hospital-Type C	330	-	-
PMCU & MH	5	-	-
Army Hospital	374	177	47.3
Total	186,942	80,365	43.0

Source: Medical Statistics Unit

Out of all live births registered with the Department of Registrar General's, 85 per cent of live births were reported from government hospitals in 2024.

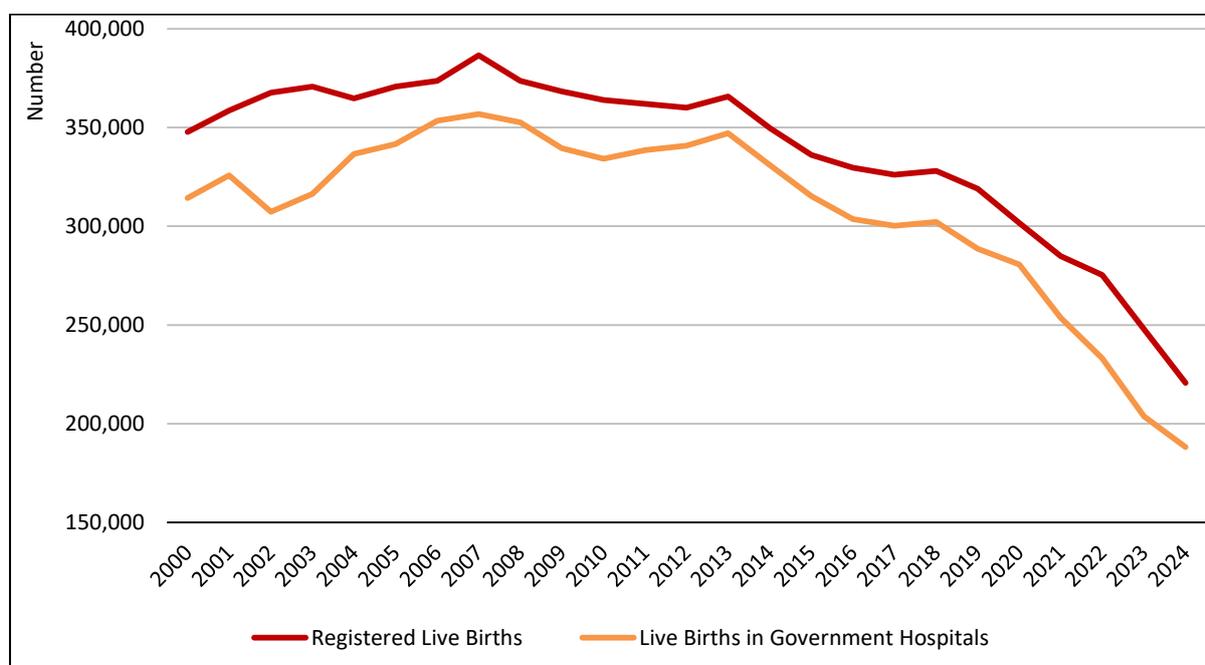


Figure 9.2: Number of registered births and live births occurring in government hospitals, 2000 - 2024

Source: Registrar General's Department and Medical Statistics Unit

10. Public Health Services (Preventive Health Services)

Public Health Services in Sri Lanka form the backbone of the country's health system, playing a vital role in disease prevention, health promotion, and the protection of population health. Administered primarily through the preventive health sector under the Ministry of Health, these services encompass a wide range of activities including maternal and child health, immunization, environmental health, communicable disease control, and health education. The strong public health infrastructure, supported by an extensive network of Medical Officer of Health (MOH) areas, has been instrumental in achieving impressive health indicators and managing public health challenges effectively across the country.

Public health services are managed at the provincial level by the respective Provincial Health Authorities. At the national level, the responsibility of the public health services is divided among three Deputy Director Generals.

10.1. Deputy Director General - Public Health Services 1 (DDG- PHS 1)

The Deputy Director General (Public Health Services I) of Ministry of Health plays a pivotal role in overseeing the nation's public health initiatives. This position is integral to the formulation, implementation, and evaluation of public health policies and programs, ensuring the well-being of the population through preventive and promotive health services.

Directorates and Units under DDG (PHS I)

The DDG (PHS I) supervises several key directorates and units, each specializing in different aspects of public health:

- Epidemiology Unit
- National STD, AIDS Control Programme (NSACP)
- National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)
- Anti-Malaria Campaign (AMC)
- Anti-Leprosy Campaign (ALC)
- Public Health Veterinary Services (PHVS)
- Quarantine Unit
- National Dengue Control Unit (NDCU)
- Anti-Filariasis Campaign (AFC)

These directorates and programs work collaboratively under the leadership of the DDG (PHS I) to ensure a comprehensive and integrated approach to public health in Sri Lanka.

10.1.1. Epidemiology Unit

The Epidemiology Unit of the Ministry of Health in Sri Lanka serves as the national focal point for disease surveillance, outbreak investigation, and control of communicable diseases. Its primary role is to collect, analyse, interpret, and disseminate epidemiological data to support evidence-based decision-making in public health.

The Unit is responsible for:

- National surveillance and response to communicable diseases, including vaccine-preventable diseases.
- Coordinating immunization activities through the Expanded Programme on Immunization (EPI).
- Investigating disease outbreaks and implementing control measures in collaboration with regional health authorities.
- Guiding policy and strategy development for disease prevention and control.
- Acting as the liaison for international health regulations (IHR) and reporting obligations to global health bodies such as the WHO.

The Epidemiology Unit plays a vital role in safeguarding public health and maintaining Sri Lanka's achievements in disease elimination and control.

10.1.2. National STD/ AIDS Control Programme (NSACP)

The Anti-Venereal Disease (VD) Campaign was established in 1952 as a national effort to combat sexually transmitted diseases in Sri Lanka. With the global emergence of HIV/AIDS in the early 1980s, the campaign was renamed the National STD/AIDS Control Programme (NSACP) in 1985, marking a new phase of enhanced focus on HIV prevention, treatment, and care for people living with HIV (PLHIV).

Today, the NSACP serves as the central coordinating body responsible for the prevention and control of sexually transmitted infections (STIs) and HIV in Sri Lanka. The programme operates through a network of forty-one (41) STD clinics strategically established across the country, ensuring equitable access to services at the national and provincial levels.

As of 2024, the estimated number of people living with HIV (PLHIV) in Sri Lanka is approximately 5,700 individuals, according to UNAIDS modelled estimates. The HIV prevalence among adults remains low, at below 0.1 per cent, while the estimated adult incidence rate is under 0.01 per cent. Although the overall transmission level is limited, on-going transmission continues to be observed within the country.

In 2024, Sri Lanka recorded a 48 per cent increase in new HIV infections compared to 2010, reflecting a gradual rise in transmission despite improvements in diagnosis and treatment coverage. Encouragingly, AIDS-related deaths remain low, a testament to the success of early detection and improved access to antiretroviral therapy (ART). Nevertheless, challenges persist, including late diagnosis, treatment delays, and the need to strengthen outreach among key and hard-to-reach populations.

Actions taken in 2024

- **Conducted Annual STD Clinic Review – 2024**

The Annual Review of the National STD and AIDS Control Programme (NSACP) for 2023 and the first half of 2024 were held on 19th and 20th July 2024 in Colombo. The event was graced by the Secretary of Health, Provincial Directors of Health Services, Consultant Venereologists, and STD clinic staff from across the country. The review focused on evaluating national progress, identifying operational challenges, and formulating strategies to enhance the effectiveness and sustainability of HIV and STI services.

- **Held District and Provincial AIDS Committees (DACs and PACs)**

In 2024, the NSACP successfully convened 18 District AIDS Committees (DACs) and 9 Provincial AIDS Committees (PACs).

These multi-sectoral forums play a vital role in the implementation of the National Strategic Plan, facilitating collaboration between health authorities, community-based organizations (CBOs), non-governmental organizations (NGOs), networks of PLHIV, and key population (KP) representatives. The DACs and PACs serve as platforms for shared decision-making, local-level coordination, and strengthening community ownership in the HIV response.

- **Celebrated World AIDS Day 2024**

The World AIDS Day commemoration on 1st December 2024 served as a national platform to honour the contributions of stakeholders and to reaffirm Sri Lanka's commitment to ending AIDS. The UNAIDS global theme "Take the Rights Path" was adopted as the national theme for Sri Lanka.

The main AIDS Day Walk commenced from Galle Face Green, Colombo, at 8:00 a.m. and proceeded through Vihara Mahadevi Park to the National STD/AIDS Control Programme headquarters. Over 1,000 participants joined the walk, including the Hon. Prime Minister, Hon. Minister of Health and Media, Secretary of Health, Director General of Health Services, senior health officials, STD clinic staff, members of the Tri-Forces, youth groups, PLHIV networks, and representatives from NGOs and CBOs.

The event was organised by the NSACP in collaboration with UNFPA and the Family Planning Association (FPA) of Sri Lanka. Public awareness was further enhanced through an innovative campaign featuring a double-decker bus that travelled across selected routes in Colombo from 25th November to 1st December 2024, promoting HIV self-testing and condom use. A media conference was held at the Health Promotion Bureau (HPB) on 27th November 2024 to highlight ongoing HIV trends and World AIDS Day activities. Additionally, a drama competition among prison inmates was organised, culminating in an awards ceremony held on 3rd December 2024 at Waters Edge Hotel.

- **Organized Innovations and Best Practices Competition – 2023/2024**

As part of its commitment to improving service delivery, the NSACP organised the Innovations and Best Practices Competition 2023–2024, with an awards ceremony held on 20th December 2024. The event recognised the outstanding achievements of district STD clinics that demonstrated innovative approaches in enhancing patient care, service efficiency, and public health outcomes.

Actions to be taken in 2025

Looking ahead, the NSACP aims to consolidate its achievements and address emerging challenges in the national HIV response. Key strategic directions and activities planned for 2025–2026 include:

- **Expansion of HIV Testing Services**
 - Broaden access to HIV testing through community-based, facility-based, and self-testing approaches.
 - Strengthen early detection to reduce late diagnosis rates.
- **Improvement of Linkage to Care**
 - Ensure timely referral and enrolment in treatment and care services, especially among key populations and hard-to-reach groups.
- **Reduction of Stigma and Discrimination**
 - Promote awareness campaigns and advocacy initiatives to foster inclusive, stigma-free environments for PLHIV and key populations.
 - Strengthen mechanisms for accurate reporting and rights-based service delivery.
- **Investment in Evidence-Based Interventions**
 - Enhance programme planning and decision-making through data-driven approaches and continuous monitoring.
- **Comprehensive Surveillance and Research**
 - Strengthen national HIV surveillance systems to monitor transmission dynamics and identify emerging trends.
 - Support operational research to inform national policies and guide targeted interventions.
- **Inclusive and Sustainable HIV Services**
 - Integrate HIV prevention and treatment services within broader sexual and reproductive health systems.
 - Strengthen partnerships with NGOs, CBOs, and international development partners to ensure sustainability and inclusivity.

The National STD/AIDS Control Programme of Sri Lanka remains committed to achieving the national and global goal of ending AIDS as a public health threat.

Through a multi-sectoral, rights-based, and evidence-driven approach, NSACP continues to advance towards a future where every Sri Lankan has access to safe, stigma-free, and high-quality sexual health services.

10.1.3. National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)

National Programme for Tuberculosis Control and Chest Diseases (NPTCCD) is the National Level organization responsible for TB control activities in the country, which are executed through district chest clinics. The NPTCCD coordinates and provides technical guidance to district-level staff and other support to ensure the provision of good quality diagnostic and treatment services for patients without any interruptions. In addition, preventive services implemented by the NPTCCD include support to continue TB preventive therapy among identified high-risk groups, improving awareness

and health promotional behavior of the public on TB, as well as conducting TB-related service-oriented research to generate evidence for policy and activities.

Curative care for TB patients is mainly provided through 25 District Chest Clinics, three sub chest clinics in Colombo South Teaching Hospital, BH Mullariyawa and National Hospital for Respiratory Diseases. Diagnostic services are provided through the National Tuberculosis Reference Laboratory at Welisara, Intermediate Culture Laboratories in Galle, Ratnapura, Jaffna and Kandy, District Chest Clinic laboratories (26), and over 160 Microscopy Centers in the country.

Actions taken in 2024

- Increased TB Case Detection Rate: The NPTCCD has successfully increased the TB case detection rate through strengthened surveillance protocols. The case detection rate increased from 58.1 per cent in 2022 to 68 per cent in 2024.
- Submitted grant application to Global Fund for further 3 years, 2025 – 2027. The grant application development was carried out based on the review recommendations and the opinion generated through the country dialogues. Three country dialogues were held with different stakeholder groups, namely with the clinicians and public health specialists from preventive programmes, with non-health stakeholders including NGOs and CBOs and with the District TB Control Officers.
- Organized three major events under the theme "Yes! We can end TB." to mark World Tuberculosis Day on 24th March 2024.
 1. Media Conferences:
 - A media conference in collaboration with the Health Promotion Bureau (HPB) was held at the HPB Auditorium to raise public awareness about TB trends and prevention.
 - Another media conference with the Ministry of Mass Media took place at the Blood Bank Auditorium, focusing on the current TB situation, trends, symptoms, and prevention for media personnel.
 2. Public Awareness:
 - NPTCCD conducted a public awareness and screening program at Colombo Fort Railway Station to educate and screen the public for TB.
 3. Main Event:
 - The main event at Waters Edge, Battaramulla aimed to enhance private sector involvement in TB diagnosis and management.
- Launched a short messaging service (SMS) to improve awareness and knowledge of TB among general practitioners (GPs), and medical officers is being continued. This was extended to patients and DOT providers targeting reduction in loss to follow-up and ensuring treatment adherence.
- Conducted regular supervisory visits to the districts from the central level to monitor the progress of the TB control activities and to identify the issues and constraints for the provision of diagnostic, curative, and preventive care services.
- Continued regular in-service capacity building programmes for chest clinic staff as well as for the hospital and field health staff.

- Done procurement of lab equipment consumables, and X-pert MTB/Rif cartridges to assure smooth functioning of the laboratory diagnostic services to enhance the TB diagnostic capacity.
- Opened a branch Chest Clinic at the NHSL new OPD building in May 2024 to improve access for patients, as the Colombo Municipal Area reported the highest tuberculosis incidence and most patients sought care at NHSL.
- Conducted TB Stakeholders Meeting - The TB Stakeholders Meeting, brought together key partners to discuss vital topics such as the Multistakeholder Accountability Framework, TB control efforts in the Army sector, screening protocols for immigrant workers, and social allowances for TB patients. This meeting reinforced collaboration and accountability among stakeholders, driving progress in TB control efforts.
- Conducted comprehensive training sessions for the pharmacy and laboratory modules of the ePIMS in selected districts. These sessions aimed to enhance the capacity of healthcare staff in utilizing digital tools for efficient program management, with a focus on streamlining data and resource management processes.
- Conducted supervision of district chest clinics - The NPTCCD team, comprising the Director, Consultant Community Physician (CCP), and Medical Officers, conducted regular supervision visits to District Chest Clinics across the country. These visits focused on evaluating the quality of service delivery, assessing resource availability, and addressing operational challenges. Key areas of review included diagnostic services, treatment adherence, data management, and patient care. Constructive feedback and on-site guidance were provided to district staff, ensuring continuous improvement in TB control efforts. Additionally, the supervision visits served as a platform to strengthen communication and collaboration between the national and district levels.
- Conducted Modular Trainings for Nursing Officers, Public Health Inspectors, and Medical Officers - Modular training programmes were conducted by the Training Unit of NPTCCD. These sessions targeted Nursing Officers, Public Health Inspectors (PHIs), District Tuberculosis Control Officers (DTCOs), and Medical Officers from District Chest Clinics. The training aimed to enhance their proficiency in TB control operations, patient management, and community engagement. The sessions provided a blend of theoretical knowledge and practical exercises, equipping the participants to deliver high-quality TB services and effectively meet the programme's objectives.
- Organized SAARC Pediatric TB Conference - SAARC Pediatric TB Conference was held in Colombo, organized collaboratively by the SAARC Center for TB in Nepal and the NPTCCD team. International participants joined the event virtually, enabling robust discussions on advancing pediatric TB care and fostering regional cooperation.
- Carried out national review of TB Preventive Therapy (TPT) activities and capacity building programme -This programme was carried out as a one-day programme during September 2024, reviewing the district level performances and cumulative national level performance, and updating newer developments on TPT for the DTCOs and District TPT Coordinators.
- Conducted the national-level two-day sensitization programme by international expert Dr. Muhammad Asif to orient district-level staff on the new PMDT guidelines, including the BPaLM/BPaL regimens, aDSM, updated patient categorizations, and MDR-TB recording and reporting.

10.1.4. Anti-Malaria Campaign

The Anti-Malaria Campaign (AMC) of Sri Lanka is dedicated to sustaining the country's malaria-free status. Guided by its vision of a malaria-free Sri Lanka, the AMC implements a comprehensive program that includes intensive surveillance, effective case management, outbreak preparedness, and rapid response mechanisms. The core objectives are to prevent the re-introduction and re-establishment of malaria and to ensure zero malaria-related deaths.

The mission of the programme is to plan and implement a comprehensive strategy aimed at sustaining intensive surveillance, ensuring comprehensive case management, and strengthening outbreak preparedness and rapid response mechanisms. These efforts are crucial for the prevention of the re-introduction and re-establishment of malaria in Sri Lanka.

The goal is to maintain the malaria-free status of the country, which was achieved through decades of dedicated public health efforts.

Actions taken in 2024

The following activities were carried out to maintain the malaria free status.

- Detecting and treatment of imported cases - During 2024, 38 imported cases were reported respectively, and majority were from African countries. AMC continued to support travelers through the online system of obtaining prophylactic drugs. Prophylactic drugs are provided free of charge which were donated by the World Health Organization.
- Screening and following up of high-risk population – All returnees from tri forces are regularly screened. The public have been made aware of taking prophylactic treatment before travelling to malaria endemic countries and screening themselves on return.
- Conducted monthly entomology surveys in 16 sentinel sites to monitor the *Anopheles* vector bionomics in the country. Proactive spot entomology surveys were conducted based on the availability of risk groups (importation risk) in an area. Proactive spot entomology surveys are also used to collect mosquitoes to conduct susceptibility testing. Reactive entomology surveys were conducted whenever a malaria patient reported, in each location where the patient had night stays. Vector control decisions were taken based on the entomological survey results to minimize the risk of malaria transmission in the country.
- Conducted Insecticide resistance monitoring for malaria vectors- Invasive potential malaria vector *Anopheles staphensi* was only reported in Jaffna and Kalmunai regions due to successful vector control measures taken in other districts with the mosquitoes (Vavuniya and Mannar). Larvivorous fish was mainly used to control this mosquito in reported areas which is considered as a biological vector control method.
- Conducted refresher training on malaria entomology (*Anopheles taxonomy*) for Health Entomology Officers who are engaged in malaria in all the regions. Special field training on malaria entomology was conducted for Health Entomology Officers of Colombo and Gampaha Districts.

- Conducted training on lariviorous fish management for malaria vector control for Regional Malaria Officers and their field staff.
- Conducted three National competence assessments of malaria microscopy (NCAMM)s were conducted during the year 2024. A total of 36 participants were assessed.
- Participated the WHO collaborated EQA programmes on microscopy and Molecular diagnosis for AMC Parasitology laboratory. It also conducted a EQA programme for Public Health Laboratory technicians (PHLTT) in the periphery.
- Conducted training on malaria microscopy for Public Health Laboratory Technicians performing malaria microscopy. This included two 5-days orientation training programmes for newly recruited PHLTT, one training programme for PHLTT performing Quality assurance and quality control of malaria microscopy and two refresher training programmes PHLTT who have not received a training in recent years. These were conducted utilizing WHO funds.
- Conducted five training programmes on laboratory diagnosis of malaria for 101 private sector technicians.
- Trained laboratory technicians and other Armed Forces staff on microscopic diagnosis of malaria for UN missions (11 from Air Force and 4 from SL Army).
- Carried out awareness of risk groups and communities in all districts.
- Conducted capacity building of MOH and field health staff on malaria to improve risk group surveillance in 6 districts.
- Commemorated the World Malaria Day on 25th April 2024. Malaria day Walk and advocacy meeting was held in Kurunegala, with the participation of higher officials of the Ministry and non-health stakeholders to commemorate 'World Malaria Day 2024' with the theme of 'Never Again Malaria'. Furthermore, a press briefing, many mass media communication and publicity via social media were carried out to make public aware on malaria.
- Developed the National Strategic Plan for Prevention and Control of Leishmaniasis 2024-2028 .
- Played a major role in 'The comprehensive integrated review of malaria, leishmaniasis, filariasis and dengue control programmes in Sri Lanka' by WHO in 2024.
- Developed and printed the IEC material for travelers and medical officers. They were prepared to target the travelers to join the screening program also create awareness among doctors in the curative sector. Among the banners X-banners and Pullup banners were printed.
- Developed the technical guidelines for treatment, surveillance and vector control.

Actions to be taken in 2025

In addition to routine activities planned in the annual strategic plan, following special development activities are being planned for prevention of reintroduction of malaria.

- Introduction of DHIS 2 information system with data collected from the new P1 form was fed into the system.
- Improve facilities at regional level for RMOs for data collection.

10.1.5. Anti-Leprosy Campaign (ALC)

Anti-Leprosy Campaign (ALC) is the focal point of Leprosy control activities at Ministry of Health which provides preventive, curative and rehabilitative services in Sri Lanka. Policy formulation programme, planning and implementation, monitoring and evaluation, collection and dissemination of Leprosy related information and conducting research are some of the major activities lead by the ALC. In 1954, Anti Leprosy campaign was started as a centrally controlled campaign, but now Directorate of ALC consists of Director Office at Welisara, Central Leprosy clinic at NHSL and Leprosy hospital at Hendala. Around 90 dermatology clinics in the country provide services to Leprosy patients.

The National Leprosy Strategy 2021-2025 is created to address the requirements for Leprosy elimination with the consideration of WHO global strategies and National Health Policies

Actions taken in 2024

- Developed
 - Guidance for Preventive and Curative aspects of Leprosy for Medical Officers
 - Guidance on Prevention and Control of Leprosy for Public Health Inspectors
 - Flash Cards for Public Health Inspectors
- Hosted international consultants from WHO (South-East Asia) and the Global Leprosy Programme (GLP) to develop a roadmap for the elimination of leprosy in Sri Lanka
- Initiated the development of a roadmap for the interruption of leprosy transmission in Sri Lanka
- Ground work to introduce ground work to a surveillance system to monitor the Anti-Microbial resistance (AMR) for leprosy drugs
 - Aware on Anti-Microbial Resistance (AMR) surveillance system and training of the health staff on the proper biopsy sampling technique, preparation and dispatching of the samples to the lab to establish the AMR surveillance system.
 - Training on slit skin smear testing for Public Health Laboratory Technicians (PHLT)
- Commenced an Adverse Drug Reaction (ADR) Survey for the Multi Drug Therapy (MDT) used for leprosy in Sri Lanka
- Conducted
 - National level Training of Trainers Programme on Leprosy for Consultant Community Physicians and Regional Epidemiologists
 - National level capacity building programme for Leprosy Control Public Health Inspectors in Sri Lanka Institute of Development Administration (SLIDA)
 - Capacity building programmes for the Medical Officers and Public Health Inspectors and the other relevant health staff in Kegalle, Anuradhapura, Polonnaruwa, Kurnegala, Vavuniya, Jaffna, Mannar, Colombo, Gampaha, Batticaloa, Kandy, Matale, Trincomalee, Hambantota
 - Monitoring and evaluation visits and district review meetings in Colombo, Colombo Municipal Council (CMC), Gampaha, Kalutara, National Institute of Health Sciences (NIHS), Kurunagala, Anuradhapura, Polonnaruwa, Galle, Ratnapura, Trincomalee, Puttalam, Hambantota, Kandy, Matale
 - National Leprosy Review in February 2024 in Anuradhapura

- Conducted special leaflet campaign at Railway Stations in Western Province
- Media briefing on leprosy in commemoration of World Leprosy Day in Auditorium of Health Promotion Bureau
- Participated in
 - Medicare Exhibition at BMICH in March 2024
 - Leprosy stall at Maliban Exhibition

Actions to be taken in 2025

- Conducting
 - Quarterly technical support group meetings.
 - Capacity building of district level curative and preventive staff including Medical Officers of Health, Public Health Inspectors and Dermatology Clinic staff
 - Biannual national leprosy reviews
 - World Leprosy Day Activities – 2025.
 - Conduction of community awareness programmes in high-risk districts
 - Training of Trainers programme at national level for Consultant Community Physicians and Regional Epidemiologists
 - National level capacity building programmes for Leprosy Control Public Health Inspectors
 - Refresher training on DHIS2 database (Central level - 2 trainings/year)
 - Quarterly stakeholder meetings to strengthen the coordination / cooperation of multiple stakeholders involved in leprosy related activities.
 - Research committee quarterly meetings.
- Revision of recording and reporting formats of the Anti-Leprosy Campaign (monthly, quarterly clinic records - IPF etc.)
- Development and printing of Training Manual for the Preventive Health Staff on Prevention of Leprosy.
- Provision of MCR (Multi Cellular Rubber) shoes for leprosy patients with disabilities.
- Development of advocacy material for awareness.
- Supervision of district level leprosy control activities in
 - Five high risk districts
 - Five medium risk districts
 - Two low risk districts

10.1.6. Public Health Veterinary Services

The Directorate of Public Health Veterinary Services (PHVS) within the Ministry of Health is the main operational centre for overall coordination and responsibility for the prevention and control of Rabies in Sri Lanka. Rabies is a 100 per cent fatal viral zoonotic disease yet it is 100 per cent vaccine-preventable. The theme of the 2024 World Rabies Day was: "**Breaking Rabies Boundaries**", highlighting the necessity of going the 'extra mile' on taking necessary action for Rabies control.

With the conclusions made during the National Campaign evaluation using the Stepwise Approach towards Rabies Elimination (SERE) in 2019, the national target was set to achieve zero-human

deaths from Dog-mediated Rabies by 2025. PHVS together with relevant stakeholders directed to be committed to achieving the above national target through the One Health Approach.

Since the 1970s, the annually reported cases of human Rabies deaths have declined from 300-350 to the present level of less than 25 per year.

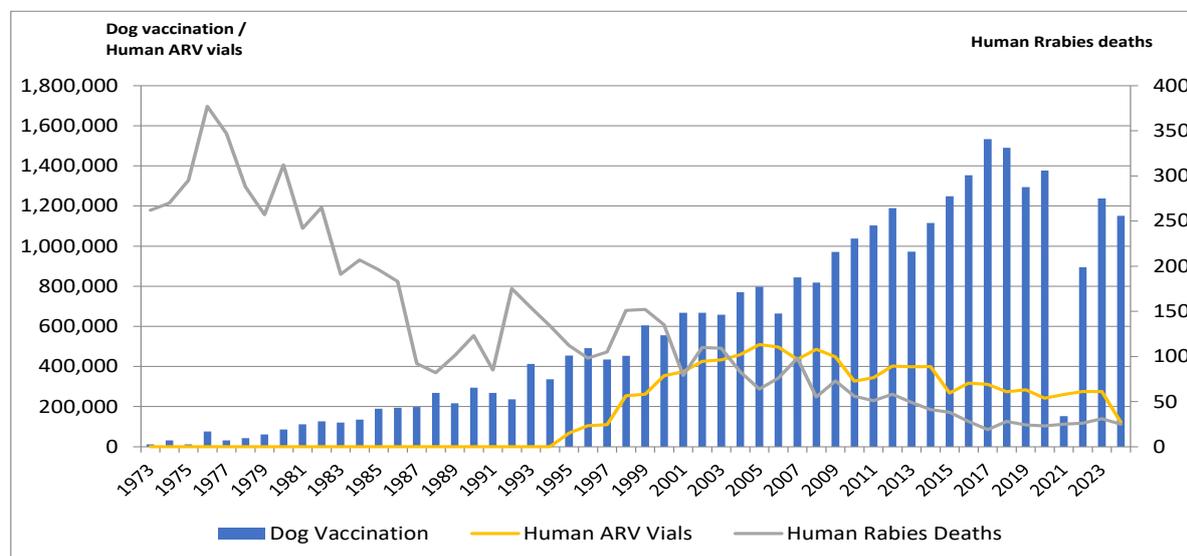


Figure 10.1: Number of vaccinated dogs, human ARV vials and human rabies deaths, 1973-2024

Source: Public Health Veterinary Service

Current Status of Human Rabies

In 2024, there were 20 laboratory-confirmed human rabies deaths. The majority of these deaths were reported from Kurunegala (4), Ratnapura (4), and Hambantota (3).

Districts with Zero Human Rabies deaths in 2024

Colombo	Anuradhapura
Gampaha	Badulla
Kandy	Kalmunai
Matale	Mannar
Nuwaraeliya	Mulative
Matara	Vavuniya
Puttalam	Trincomalee

Current Status of Animal Rabies

Similar to the previous years, dog has been the main reservoir and the primary source responsible for most of the Rabies related human deaths in Sri Lanka in 2024. But a recent increase in Rabies incidents caused by cats and other animals are currently observed.

Table 10.1: Number of animals tested for rabies, 2024

Animal	Number tested	Number positive for rabies	%
Dog	517	248	48
Other animals	577	71	12

Source: Public Health Veterinary Service

Note: Based on animal samples received to MRI, Peradeniya & Karapitiya

Actions taken in 2024

Activities Implemented by the national campaign

- Dog vaccination and sterilization programmes were conducted in all districts. Multiple meetings were held with higher administrative officials of the Ministry of Provincial Councils and Local Governments, and stakeholders of Rabies control such as the DAPH and Wildlife organization, and also with NGOs to continue with strengthening the partnership for conducting Rabies prevention activities with available resources and funds. Development of a policy on Rabies control in Sri Lanka was initiated with the policy planning directorate. This was an important necessity for carrying out Rabies control activities at Sri Lanka in the future.

The foundations were laid on establishment of a data-flow system on Rabies control activities. Presently the DHIS2 dataflow system is established for data storage and collection in several establishments (campaigns, hospitals etc.) of the ministry of health. Establishment of the above system for the anti-rabies campaign was initiated in 2024 and is planned to be completed in 2025.

Under routine training and awareness programs

- Conducted Post Exposure Prophylaxis (PEP) programmes in five districts for health staff (doctors, nursing officers and PHIs) with the aim of updating their knowledge on Rabies treatment.
- Held two national Rabies Progress review meetings in February and December 2024 in order to evaluate district level Rabies controlling activities and to review Human Rabies deaths.
- Conducted vaccinator training programmes in 2024 (refresher programme for field vaccinators and a training programme for newly recruited vaccinators).
- Conducted Rabies Educator Certificate' (REC) programmes in nine districts which is a training programme for PHIs on Rabies education.
- Conducted Awareness for Community Leaders' (ACL) programmes in 13 districts which is a programme for developing awareness among government officials including grama sewaka, development officers and samurdhi officers.

Activities Implemented with Regional Rabies Units of RDHS level

- Mass Dog Vaccination programs and female dog sterilization programs were carried out by regional Rabies units under the technical supervision of the PHVS. A total of 1,281,990 dogs were vaccinated against rabies during the year 2024. Further, an aggregate of 29650 female dogs were sterilized during the year 2024 for dog population management (Table 10.2).
- Public awareness and health education programmes on Rabies were conducted at regional level in all districts.

Table 10.2: Number of vaccinated and sterilized dogs by RDHS division, 2024

RDHS Area	2024	
	Mass Dog Vaccination	Sterilization
Colombo	55,305	455
Gampaha	114,200	1,363
Kalutara	36,882	1,366
Kandy	95,146	589
Matale	68,916	594
Nuwara Eliya	42,519	394
Galle	65,167	1,645
Matara	49,233	2,722
Hambanthota	57,992	2,727
Jaffna	36,829	910
Killinochchi	16,131	303
Mannar	6,843	303
Vavuniya	1,779	304
Mulathive	12,851	303
Batticaloa	32,066	303
Ampara	29,337	606
Trincomale	13,686	909
Kalmunei	11,827	303
Kurunegala	134,847	2,556
Puttalam	36,545	2,433
Anuradhapura	89,491	-
Polonnaruwa	61,070	-
Badulla	66,445	2,915
Monaragala	65,298	2,435
Rathnapura	25,287	1,000
Kegalle	55,083	2,212
Total	1,281,990	29,650

Source: Mass dog vaccination program

Actions to be taken in 2025

To strengthen the future programme activities, following actions will be taken in the year 2025.

- Further strengthen the multi-stakeholder collaboration on Rabies control activities in the island.
- Updating of all policies and circulars on Rabies control activities and implementation to be done in 2025. Also, completion and implementation of the National Rabies policy.
- Revision of current Rabies legislations and taking steps to update them.
- Establishment of the DHIS2 dataflow system

10.1.7. Quarantine Unit

The Quarantine Unit plays a crucial role in safeguarding border health security in Sri Lanka. Its main responsibility is to prevent and respond to the international spread of diseases and public health threats while minimizing disruptions to global travel and trade. Protection measures focus on safeguarding human health, including international travelers, aircraft and ship crews, and the general public.

This unit works in collaboration with various border control agencies, such as security, customs, biosecurity, maritime and aviation transport, animal health, agriculture, law enforcement, immigration, and other relevant divisions of the Ministry of Health.

The history of the notifying communicable diseases in Sri Lanka dates back to 19th century. The Quarantine and Prevention of Diseases Ordinance, introduced in 1897, established the notification system for communicable diseases in the country. Sri Lanka is also legally bound to comply and obliged to implement the International Health Regulations (IHR) 2005 with the other member states in accordance with the purpose and scope to protect, prevent and control of international spread of diseases as well as public health risks specially when there are Public Health Emergencies of International Concern (PHEIC).

The Quarantine Unit and the Epidemiology Unit of Ministry of Health (MoH) are the Co-National Focal Points (NFP) of IHR 2005. NFPs must be accessible at all times and coordinate with WHO IHR focal points. Activities related to implementation of IHR 2005 in Sri Lanka are being carried out by both units in collaboration with other relevant health and non-health units in the country.

Colombo Port and Bandaranaike International Airport (BIA) in Katunayake are designated Points of Entry (PoEs) in Sri Lanka. These PoEs are required to maintain essential capacities at all times and be ready to respond effectively during a PHEIC.

Following Offices are under the Quarantine Unit of Ministry of Health

1. Port Health Office, Colombo Port.
2. Airport Health Office, Bandaranaike International Airport (BIA), Katunayake.
3. Port Health Office, Galle.
4. Port Health Office, Magampura Rajapaksha International Port, Hambantota.
5. Airport Health Office, Mattala Rajapaksha International Airport (MRIA), Mattala.
6. Port Health Office, Trincomalee.
7. Port Health Office, Norochcholai.
8. Colombo International Airport, Ratmalana (CIAR)
9. Airport Health Office, Jaffna International Airport
10. Port Health Office, Kankesanthurai.
11. Assistant Port Health Office, Medical Research Institute (MRI), Colombo-08.
This unit is involved with vaccination of travellers against yellow fever, Meningococcal meningitis and Polio.
12. Immigration Health Unit

Ministry of Health with International Organization for Migration (IOM) conduct Inbound Health Assessment of resident visa applicants and screen them for Malaria, Filariasis, Tuberculosis and HIV. Immigration Health Unit of Quarantine Unit refers the positive applicants to relevant Public Health Campaigns of Ministry of Health and monitors their follow up.

Legal enactments for quarantine and border health security

At present the following legislations are being used to prevent, control and spread of diseases into Sri Lanka.

- Quarantine and Prevention of Diseases Ordinance No. 3 of 1897 and its subsequent amendment No. 13 of 1936, No. 11 of 1939, No. 7 of 1917, No. 14 of 1919, No. 14 of 1920 No. 5 of 1941, No. 13 of 1943, Act No. 12 of 1952, SARS Regulations of 2003 of Quarantine Regulations - 1960 (chapter 173).
- International Health Regulations -2005 (IHR- 2005).

The main functions of the quarantine unit and port/airport health offices

1. Programming, planning, implementation, supervision, and monitoring of activities of Public Health Offices at Points of Entry (Ports and airports).
2. Providing technical guidance to staff of port/airport health offices at Points of Entry (PoEs).
3. Inspection of vessels and cargo for prevention of contamination, to maintain in a condition that they are free of sources of infection or contamination, including vectors and reservoirs.
4. Supervision of disinfection activities: disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels, or human remains
5. Inspection of vessels and issuance of free pratique.
6. Issuance of ship sanitation certificates through port health offices at authorized ports.
7. Ensure the environment sanitation and vector control at PoEs.
8. Provision of yellow fever vaccine, oral polio vaccine, meningococcal vaccine through Assistant Port Health Office at MRI and refer travellers visiting malarial endemic countries to Anti Malaria Campaign get anti-malaria prophylaxis
9. Maintain IHR core-capacities at PoEs.
10. Monitoring of implementation of IHR- 2005, Quarantine Ordinance, Food Act, National authority on tobacco & alcohol (NATA) Act, Nuisance Ordinance and Other relevant legislations.
11. Training public health staff, undergraduate and post graduate students on border health security and IHR 2005.
12. Conduct review meetings with the staff of the units under the Quarantine Unit
13. Quarantine Unit and Epidemiology Unit act as Co-National Focal Points of IHR- 2005 to coordinate with WHO.

Actions taken in 2024

- Organized and participated in National Action Plan for Health Security (NAPHS) 2024-2028 development workshop from 27th to 29th February 2024, in collaborating with WHO, with the involvement of relevant stakeholders.

- Participated and contributed in the South-East Asia Regional Practice of All Hazard IHR Event Communication (SAPHIRE) 2024, a regional simulation exercise on IHR event communication conducted as a virtual meeting by WHO SEARO on 12th March 2024.
- Doctors of Quarantine Unit, Airport health Office/Bandaranaike International Airport and Jaffna International Airport were participated in the Full-Scale Emergency Exercise at Jaffna International Airport on 28th March, 2024.
- Organized and participated in Resource mapping workshop for the NAPHS with the participation of technical experts, resource persons related to finance and representatives from Donor agencies from 20th to 22nd May 2024 at Colombo in collaborating with WHO.
- Conducted awareness on quarantine activities at Points of Entry and on International Health Regulation-2005 for Undergraduate medical students / Ayurvedic medical students/ Undergraduate nursing students and nursing diploma trainees/ PHI trainee students, as well as post graduate trainee doctors of Community medicine stream/ Medical Administration stream/ Virology stream / Disaster Management Diploma at Quarantine Unit, Assistant Port Health Office and Health Offices at Points of Entry.
- Doctors of Quarantine Unit and Assistant Port Health Office at MRI participated in the Hand Hygiene for Health Sector Workshop conducted by Health Promotion Bureau and UNICEF on 28th May 2024.
- International Organization for Migration (IOM) has donated some essential items to Colombo Port Health Office in June 2024.
- Held five-day training programme for the staff of Quarantine Unit on IHR core- capacities at Airports, Ports and Onboard Conveyances from 29th July 2024 to 02nd August 2024 and medical officers working at the Quarantine Unit, health offices at points of entry participated in this training programme.
- Participated in the Global Emergency Operations Centre Simulation Exercise (GEOCX 2024) conducted by the WHO on 13th November 2024.
- Held consultative meeting to discuss on State Party Annual Reporting Tool 2024 on IHR -2005 on 27th November 2024 with the participation of stakeholders from all 15 core capacity areas.
- Held National Steering Committee Meeting on International Health Regulations (IHR)-2005 for the year 2024 on 4th December 2024.
- Held consultative meeting to review the NAPHS 2024-2028 on 19th December 2024 with the participation of stakeholders.

10.1.8. National Dengue Control Unit

Dengue is one of the major public health problems in Sri Lanka. The National Dengue Control Unit (NDCU), the focal point within the Ministry of Health is responsible for the prevention and control of dengue in the country. The NDCU closely monitors the dengue situation at the provincial, district, and Medical Officer of Health (MOH) area levels. It also monitors vector surveillance data to predict potential outbreaks and facilitates the early identification of outbreaks. Additionally, the NDCU provides technical support to districts for the prevention and control of dengue outbreaks at the local level. To assist districts highly burdened by dengue, the NDCU offers financial support for vector control activities, including special mosquito control campaigns. The NDCU is responsible for

the procurement and supply of insecticides needed for dengue vector control. The NDCU also conducts regular training programmes for medical and nursing staff in collaboration with the National Institute of Infectious Diseases (NIID) to ensure best practices preventing morbidity and mortality among dengue patients. The NDCU also supports hospitals in providing the best care for hospitalized dengue patients by strengthening high-dependency units and other patient care facilities, thereby reducing dengue-related deaths.

Targets and Objectives, 2024 - 2030

To reduce by 2030 the case fatality associated with dengue to zero from the current rate of <0.07 per cent and reduce the incidence of dengue in the country by 75 per cent (<100/100,000) from the 2022- 2023 baseline level.

- Strategic Objective 1. Disease surveillance and risk assessment
- Strategic Objective 2. Early diagnosis and case management
- Strategic Objective 3. Vector surveillance and control
- Strategic Objective 4. Early detection and rapid response to dengue outbreaks
- Strategic Objective 5. Risk communication and community engagement and mobilization
- Strategic Objective 6. Enhancing multisectoral action
- Strategic Objective 7. Innovation and research

Actions taken in 2024

- Conducted a comprehensive integrated review of the Vector-Borne Disease Programmes with technical and financial assistance from the World Health Organization. This review focused on the vector-borne diseases in the country, namely malaria, dengue, filariasis, and leishmaniasis
- Established a Technical Advisory Group (TAG) for the prevention and control of dengue in Sri Lanka to provide strategic and technical recommendations to the National Dengue Control Unit. This TAG is chaired by the Director General of Health Services. The inaugural meeting was held on 2nd May 2024 and the 2nd meeting was held on 10th October 2024
- Conducted five targeted mosquito control campaigns in high-risk Medical Officer of Health (MOH) areas, with active participation from health staff at the national, provincial, district, and MOH levels, together with the support of the Police, Tri-forces, and other key stakeholders
- Conducted training for 292 Medical Officers and 278 Nursing officers, including 70 Nursing tutors from Colleges of Nursing to enhance the clinical management of dengue
- Hosted two international Trainer of Trainers (ToT) programmes on dengue clinical management for clinicians and nursing staff from Bangladesh, Bhutan, and Myanmar. The training was conducted at NIID and organized by NDCU, NIID, and the Sri Lanka Medical Association in collaboration with WHO. A total of 30 doctors and nursing officers participated

- Conducted the National Dengue Death Review on September 5, 2024. Following the review, a guideline was issued titled "Precautionary Measures in Managing Female Patients Presenting with Fever during Menstruation or Vaginal Bleeding in Dengue-Endemic Areas."
- Held a discussion on near-miss cases at the National Institute of Infectious Diseases to emphasize critical considerations in dengue management
- Initiated proactive outbreak response targeting districts with higher burden of dengue, to assess the current status of dengue and plan for effective control and prevention of outbreaks
- Held the Biannual National Dengue Review from July 9th to 11th and December 10th to 12th in 2024. During these sessions, both epidemiological and entomological aspects of dengue were reviewed. Key areas concerning dengue prevention and control were discussed in detail to further strengthen ongoing efforts in these activities
- Developed the National Strategic Plan for prevention and control of dengue in Sri Lanka (2024-2030)
- held a workshop from 10th to 14th June 2024 on modeling and outbreak prediction in collaboration with the WHO Country Office with technical support from the Imperial College London
- Initiated the development of a risk communication strategy, and information material package for dengue In collaboration with UNICEF
- Conducted supervisory visits by the technical staff of the NDCU in 2024 to the following districts: Jaffna, Colombo (RDHS and MC areas), Gampaha, Kalutara (RDHS), Kandy, Galle, Matara, Trincomalee, Batticaloa, Ratnapura, Kegalle, Kurunegala, and Puttalam.

Actions to be taken in 2025

- Enhancing dengue surveillance incorporating GIS mapping of cases
- Establishment of the web-based entomology surveillance system at MOH offices to record entomology survey data as suggested by the WHO expert committee.
- Expansion of the Wolbachia mosquito project to cover the entire Colombo Municipal Council area and Dehiwela MOH area.
- Development of social and behavioral communication strategies in dengue prevention for school children in collaboration with UNICEF.
- To training Medical Officers and Nursing Officers in both public and private sector on clinical management of dengue, in coordination with the NIID to.
- To expand the international training programme on clinical management of dengue for the medical doctors and nursing staffs for countries in the South-East Asia region and beyond, In collaboration with the NIID

- Strengthening key hospitals with the necessary equipment for improved clinical management of dengue patients.

10.1.9. Anti-Filariasis Campaign

Anti Filariasis Campaign is the public health specialized institution responsible for eliminating lymphatic filariasis (LF) from Sri Lanka. LF was eliminated as a public health problem in 2016. Currently, the programme is in the post-validation surveillance phase, and continuous entomological, parasitological, and disease surveillance takes place in eight filariasis endemic districts along the South-Western coastal belt of Sri Lanka.

Actions taken in 2024

- Printed of the National Strategic Plan for Interruption of Transmission of Lymphatic Filariasis in Sri Lanka.
- Printed of the Standard Operational Procedures for entomological and parasitological surveillance in interrupting the transmission of lymphatic filariasis in Sri Lanka.
- Conducted monthly review meetings for RMOs
- Conducted district-level performance review and best practices identification
- Conducted field visits to observe best practices of RAFU teams
- Conducted procurement of lab equipment
- Conducted two Technical Advisory Group meetings to get expert opinions on activities conducted to achieve the goals of AFC

Actions to be taken in 2025

- Planning and implementing the block verification strategy to achieve zero transmission of bancroftian filariasis.
- Three-smear method during the night blood filming to increase the quality of the smears obtained.
- Introduction of zoonotic surveillance and treatment of animals to control Brugian Filariasis-advocate the DAPH to take necessary measures
- Initiation of the Triple-drug therapy with DEC-Albendazole-Ivermectin for positive patients and MDA programs
- Plans to utilize the dog sterilization centres to take smears from animals and catch the at-risk areas for *Brugia malayi* transmission
- Developing a web-based surveillance system to enable real-time data collection and monitoring

10.2. Deputy Director General - Public Health Services 11 (DDG-PHS 11)

The Deputy Director General (Public Health Services II) plays a pivotal role in overseeing and coordinating various facets of the nation's public health system. This position encompasses a broad spectrum of responsibilities aimed at ensuring the effective functioning of public health services across the country.

Directorates and units under DDG (PHS II):

The DDG (PHS II) supervises several directorates that focus on specific areas of public health:

- Family Health Bureau
- Health Promotion Bureau
- Directorate of Nutrition Division
- Directorate of Youth, Elderly and Disability
- Directorate of Estate and Urban Health

This role is integral to maintaining the quality and accessibility of public health services in Sri Lanka, ensuring that healthcare delivery meets the nation's needs effectively.

10.2.1. Family Health Bureau

The Family Health Bureau (FHB) is the focal point for Maternal and Child Health (MCH) within the Ministry of Health. It plays a vital role in planning, coordinating, implementing, monitoring and evaluating the national programs related to maternal and newborn care, child health, reproductive health, adolescent and youth health, and women's health. Through evidence-based strategies and a strong public health infrastructure, the FHB aims to ensure the well-being of families across the country and contribute to improved health outcomes at all stages of life.

The Family Health Bureau envisions a Sri Lankan nation where all women, children, and their families enjoy optimal health and quality of life. Its mission is to contribute to this goal by delivering comprehensive, sustainable, equitable, and high-quality maternal and child health services in supportive, culturally acceptable, and family-friendly settings.

Technical Units at FHB

- Maternal Care Unit
- Intra Natal and Newborn Care Unit
- Child Morbidity, Mortality Unit
- Maternal Morbidity, Mortality Surveillance Unit
- Child Nutrition Unit
- Child Care Development and Special Needs Unit
- School Health Unit
- Adolescent and Youth Health Unit
- Gender and Women's Health Unit
- Family Planning Unit

- Oral Health Unit
- Planning and Development Unit
- Monitoring and Evaluation Unit
- Research Unit
- Reproductive Health Center
- Well Women Programme and Men's Health Unit

10.2.2. Health Promotion Bureau

The Health Promotion Bureau (HPB) is the centre of excellence in the Ministry of Health for Health Promotion (HP), Health Communication (HC), media and publicity. The HPB aims to reduce mortality and morbidity and optimize wellbeing and quality of life through promoting healthy behaviours, lifestyles and environments, by working towards achieving the three targeted health promotion outcomes:

- Improving health literacy
- Enhancing community empowerment and social mobilization
- Facilitating healthy public policy and organizational practice

In promoting health and achieving Sustainable Development Goals by 2030, HPB has a cross-cutting role, supporting other national programmes to achieve health targets of SDG 2030. The HPB leads implementing evidence based, targeted HC and HP interventions which are co-designed in coordination with a range of relevant stakeholders including the public. Also, HPB conducts behaviour research and synthesises evidence prior to development of these HP interventions that encourage voluntary and positive behaviour change among targeted populations, towards healthy living.

Taking the settings approach in HP, the HPB reaches targeted populations across five settings namely happy village, preschools, schools, workplaces and hospitals, and the community platform, Mother's Support Groups . To establish and sustain these health promotion settings, a series of advocacy, mediation and enabling sessions for key stakeholders are carried out. Within the health promotion settings, health promotion interventions take life course or disease centred approaches based on the needs of target audience, and the planned requirements of the different directorates of Ministry of Health.

With the rising trends in Non-Communicable Diseases, HPB collaborates with NCD unit, Mental Health Unit, National Cancer Control Program, Epidemiology Unit and Estate and Urban Health Unit and other directorates relevant for these two key health outcomes. Also, HPB leads the Nutrition Communication initiatives in the country in collaboration with Family Health Bureau and Nutrition Division of Ministry of Health. Oral health promotion communication and capacity building are coordinated by the Oral Health Promotion Unit of the HPB. Moreover, promoting child health, Sexual and Reproductive Health, Menstrual Health and Hygiene and Life Skills are other key HC and HP programs led by HPB. Furthermore, HPB leads in improving communication skills of healthcare workers, enhancing risk communication capacity of districts and pioneering accountability to affected population in health emergencies. The weekly media conferences are held at the HPB to

address the public need for awareness on continued health-related topics of interest. Key annual targets for establishment of health promotion settings in a district are given in Figure 10.4.

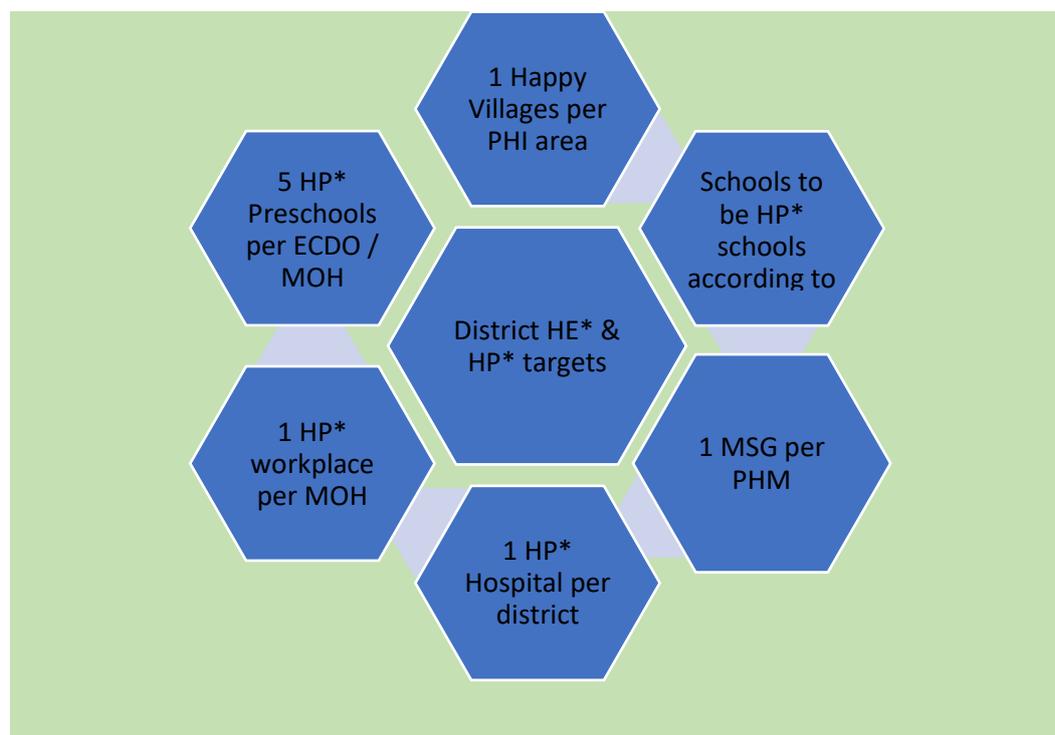


Figure 10.2: Annual targets for establishment of health promotion settings

Source: Health promotion Bureau

*HE-Health Education, HP-Health Promoting

The HPB has 7 technical units headed by 6 Consultant Community Physicians and one Consultant in Community Dentistry. These include:

1. Policy, Advocacy and Risk Communication Unit
2. Strategic Information, Planning, Monitoring and Evaluation Unit
3. Health Communication, Life skills, Media and Publicity Unit
4. Community Health Promotion and Social Media Unit
5. IEC Material Development, Exhibition and Training Unit
6. Family Health, Nutrition Communication and Behaviour Research Unit
7. Oral Health Promotion Unit

The technical units carry out planning, strategic analysis, program development, technical guidance, monitoring and evaluation with supervision related to respective program components. Each unit builds collaborative partnerships with community-based organizations, community groups and with all other health and non-health sector stakeholders from national to grassroots level for successful implementation of activities planned by the HPB to achieve the health education and health promotion targets.

In addition to promoting healthy behaviours and lifestyles across health promotion settings, HPB also focuses on following key activities:

1. Capacity building of health sector and non-health sector staff on HC, HP, community empowerment, social mobilization and community action.
2. Development and production of Information, Education and Communication (IEC) material on key health issues.
3. Coordination with all government and non-governmental institutions and international agencies in promoting health of communities through HP initiatives, education of the general public on health issues through mass media, new media and telehealth services.
4. Development and implementation of special communication and behaviour change strategies to improve health literacy aiming towards positive behaviour change
5. Monitoring of all HP and HC activities at national, provincial and district levels with regular HE&HP reviews and supervisions.
6. Conducting behaviour research to understand behaviour patterns of public for development of evidence-based health promotion and communication interventions

The Health Education Officers (HEO) attached to Regional Directorates of Health Offices act as facilitators of Health Education and Health Promotion at district level, and liaise with Health Promotion Bureau all the time. Existing number of Health Education Officers (45) at present is grossly inadequate. However, they undertake the key responsibility of capacitating key health officials in both public health and curative health sector on Health promotion and Health communication. In addition, they facilitate establishment and sustenance of Health promotion settings with guidance of Health Promotion Bureau and relevant district and provincial level health and non-health sector officials.

Actions taken in 2024

- Launched 'Lets Learn Life' Social Media Platform to enhance public awareness on Comprehensive Sexuality Education.
- Reactivated all programmes identified in the 3-year strategic plan of HPB, according to availability of financial resources mainly provided by development partners.
- Strengthened the establishment and sustenance of health promotion settings and other routine work.
- Revised the results framework of HPB, according to the three main health promotion outcomes.
- Conducted reviews to assess district level health education and health promotion performance, annual hospital health promotion , annual oral health promotion and national preschool health promotion .
- Conducted the national review in 2024, under the theme "Nourishing families, Growing Economies, and Enhancing Resilience at the community level" underscoring the economic benefits of healthy societies.
- Developed the Social and Behavioral Change Communication (SBCC) Program for Child Health Promotion with the commitment of identified key 14 Ministries.
- Developed the content for the SBCC package and inclusion of it in the National Preschool Curriculum Framework.

Table 10.3: Key performance indicators of Health Promotion Bureau, 2023 - 2024

Key Performance indicator	2022	2023	2024
Percentage of social media reach in HPB Facebook page	30.76	25.80	54.00
Number of health promotion settings (Pre-school) established	401	1,008	2,431
Number of health promotion settings (Hospital) established	21	26	45
Number of health promotion settings (Happy Village) established	267	158	460
Number of health promotion settings (Workplace) established	25	33	44
Number of Mother's Support Group) established	4,812	5,615	6,649
Number of health communication materials developed	136	196	200
Number of health communication programs conducted	69	401	428

Source: Health promotion Bureau

Actions to be taken in 2025

- Funding for the health promotion activities receiving from development partners would continue while direct GoSL fund allocation for HPB lags behind.
- Initiate a four year Social & Behavioural Change Communication Program for NCD risk factor prevention and primary healthcare usage enhancement, using World Bank support through Primary Healthcare Enhancement Project.
- Reactivate HPB website in a novel face.
- Continue sustenance and strengthen of health promotion program, across the country.
- Proceed regular social media and mass media based public awareness campaigns on planned interventions and recurrent health related events.
- Launch national program on Social and Behavioral Change Communication for Child Health Promotion and rolling out of its training programs
- Reporting of National Health Literacy Survey findings, and rolling out of the Interpersonal Communication Trainings of Health Care Workers.

10.2.3. Directorate of Nutrition Division

Nutrition Division is the focal point for overall management of the nutrition services across the country and coordinates nutrition related activities within the Ministry of Health, other related ministries and non-governmental organizations. Monitoring and evaluation of the nutrition related activities are also carried out by the Nutrition Division. This unit is responsible for formulation of nutrition related policy and guidelines. In addition to those, Nutrition Division conducts capacity building programmes on nutrition for the health and non-health staff in-service training programmes and other awareness programmes.

Actions taken in 2024

- **Implemented activities related to District Nutrition Action Plan (DNAP)**

District specific nutritional problems were identified and district specific interventions were planned by the district level programme managers. Those interventions were reviewed by the Nutrition Division and financial assistance was provided to carry out those plans.

23 proposals from RDHS areas, including Colombo Municipal Council and NIHS Kalutara, were received and 149 programmes were conducted in 2024.

- **Implemented activities related to Multi-sectoral Action Plan for Nutrition (2024-2030)**

Insufficient coordination across sectors and a lack of targeted interventions for the malnourished have led to gaps in addressing both food and nutrition security in Sri Lanka. Recording this, the Multi Sector Action Plan for Nutrition (MSAPN) 2024-2030 aligns with the National Nutrition Policy (NNP) 2021-2030. Its formulation aims to execute, implement and monitor evidence-based nutrition-specific and sensitive interventions in a coordination manner. The National Multi-sectoral Action Plan for Nutrition 2024-2030 was developed with the leadership of the President Secretariat, and the Nutrition Division coordinated the health sector partners in developing this plan. The final draft of the MSAPN is to be launched after getting the cabinet approval.

- **Launched Food Based Dietary Guidelines (FBDGs)**

Introductory workshops based on the FBDGs targeting public health staff and health education units' hospital staff have been conducted in 13 districts. The rest of the districts will be covered in 2024.

Furthermore, the Nutrition Division has provided technical input on FBDGs at district-wise training programmes facilitated by development partners for the Education sector.

- **Continued Thriposha Programme**

The Nutrition Division has diligently worked towards ensuring an uninterrupted supply of Thriposha while ensuring its recommended quality. The Nutrition Division is working with Sri Lanka Thriposha Ltd. in collaboration with World Food Programme to develop an alternative Rice-based Supplementary Food for children under three years of age.

- **Promotion of Nutrition among Elderly Populations**

The National Nutrition Quality Standards (NNQS) for people in residential homes and its implementation guidelines were launched in 2020. An advocacy workshop and Training of Trainer programmes covering the Western Province were conducted to empower district-level stakeholders to implement the NNQS.

Furthermore, working towards conducting an island-wide survey on the accordance of elders' homes to the NNQS is being planned, which will be underway in 2024.

- **Continued Food Fortification Programme**

Cabinet approval was obtained in 2019, to produce and provide Fortified Rice to the School Meal Programme (SMP) and continued the programme.

- **Initiated Foster Care Scheme for children under 5 years with Severe Acute Malnourish (SAM) in economically vulnerable families**

As a strategy identified in the Emergency Nutrition Action Plan 2022-2024, the Foster Care Scheme (Sneha) for SAM children with financial problems was initiated. A website and communication materials were developed to introduce a Foster Care Scheme for Children under 5 years with SAM in economically vulnerable families. This will serve as a donation collection platform while assuring transparency of transaction. This Foster Care Scheme is yet to be launched.

- **Development of revised National Strategy for Prevention and Control of Micronutrient Deficiencies (2024-2030)**

In 2023, a review of the Micronutrient Strategic Plan for the year 2017-2022 was completed and the development of a new plan according to the given recommendations was initiated. Fourteen consultative meetings were conducted for the development of the strategic framework for six specific objectives. The final draft report of the micronutrient strategic plan 2024-2030 is available and will be printed and launched.

- **Conducted National Nutrition Month-2024**

The month of June -2024 had been declared the National Nutrition Month in 2024 and the Nutrition Division conducted annual National Nutrition Month activities to generate awareness of the general public on current nutrition problems. The main theme selected for the year 2024 was "Health Food Our Right" and the objective was Consumer Empowerment for Health Food. Two main action areas had been identified under the main theme.

1. The consumers' right to know what is in their food.
2. Protecting children's right to a healthy food environment.

- **Initiated programme to upgrade the nutritional status of the urban low-income settings**

A pilot project was initiated with the Estate and Urban Health unit and Civil Society Organizations in the 'Sirimuthu Uyana' housing complex. Several consultative meetings and field visits were conducted to plan the nutrition interventions.

- **Revised hospital diet circular**

The revision of the existing circular for "supply of meals to patients and employees in Medical Institutions" was initiated. The first draft of the revised manual has been formulated. The existing food list has been revised for raw food procurement with discussion with the Procurement Unit of the Ministry of Health. This will be used for procurements for the next year.

Actions to be taken in 2025

- National Nutrition Surveillance System
 - The need for a national nutrition surveillance system was highlighted in several forums, and the first consultative meeting was conducted with the participation of health sector partners to identify the information needed to be collected through the system. The next step is to receive the inputs from the non-health sector.
- Development and dissemination of healthy Workplace canteen guideline.
 - Overweight and obesity have identified a major issue among the adult population, and unhealthy eating behavior is a major contribution to the problem. It was decided to review and revise the guidelines on Healthy Workplace Canteen.
- Conducting National Nutrition Month 2025
- Conducting Communication campaign on Food Based Dietary Guidelines
- Conducting a study to identify causative factors of anemia in Sri Lanka.
- Implementation of the strategies in NNP through implementation of the National Multi-Sectoral Action Plan for Nutrition 2024-2030
- Finalize and launch the “National Strategy for Prevention and Control of Micronutrient Deficiencies in Sri Lanka -2024-2030”
- Review, finalize and launch the Final draft ‘National Strategy for Prevention and Control of Micronutrient Deficiencies in Sri Lanka - 2024-2030’
- Introduction of FBDG to all Sri Lankans through Primary Health care workers and the Education sector Island wide, empowering the nation to have a healthy, nutritious and safe diet.
- Impact assessment of the provision of fortified rice for school meals coordinating with WFP and streamlining the monitoring and evaluation of the provision of fortified rice for school meal
- Conduct a National Survey to assess residential care facilities for elders to ensure adherence to the National Nutrition Quality standards

10.2.4. Directorate of Youth, Elderly and Disability

Youth

The Directorate of Youth, Elderly, and Disabled Persons is dedicated to promoting youth health with a holistic approach. Since youth face many life transitions, they are considered a vulnerable group. The Directorate aims to improve their knowledge, attitudes, and life skills to enhance their well-being and reduce health issues. Health promotion activities for youth were carried out in collaboration with the Youth Health Unit of the Family Health Bureau of Sri Lanka.

Elderly

The Integrated Care for Older Persons (ICOPE) program, which began in 2020, has continued to evolve, touching the lives of many older individuals across Sri Lanka.

Actions taken in 2024

- Trained Medical Officers from Hambantota, Galle, Kurunegala, Trincomalee, and Nuwara Eliya to become master trainers, enabling them to implement ICOPE screening and pass their knowledge on to healthcare workers.
- Held a review in Colombo to evaluate the program's progress and identify areas that needed strengthening. Healthcare representatives shared their experiences and insights to help enhance elderly care services.
- Developed an Integrated Care Service Delivery Model, mapping existing services and human resources. This initiative led to the introduction of elderly-friendly service packages, including day centers in healthcare institutions and local communities. These resources will soon be shared with service providers to ensure that older persons receive more holistic and compassionate care.
- Worked with the National Secretariat for Elders and vocational institutions to involve young people in discussions about healthy aging. These programs, through interactive sessions and toolkits, encouraged respect and understanding between generations.
- Organized three pre-retirement seminars for employees of the Ministry of Health and the Ministry of Education aged 50 and above.
- Commemorated International Older Persons Day with an awareness program to improve healthcare professionals' understanding of the unique challenges faced by the elderly.
- Worked closely with the Department of Social Services and the National Secretariat for Elders to train field workers in elderly care.
- Continued the JICA Project for Capacity Enhancement of Elderly Service Management continued.
- Strengthened the role of primary healthcare services in supporting older individuals.

Disability

Understanding the importance of assistive technology, the YED Directorate adapted the WHO Assistive Products List to better suit Sri Lanka's unique needs. The publication of this adapted list has provided service providers with an essential tool to improve rehabilitation care and improve accessibility for persons with disabilities.

Actions taken in 2024

- Hosted three consultative workshops with healthcare professionals, rehabilitation experts, social service representatives, and disability organizations to develop national guidelines for intermediate healthcare facilities. These discussions paved the way for a structured

approach to providing services for persons with disabilities following trauma, ensuring consistency and quality in care.

- Continued its efforts to improve rehabilitation services by finalizing and distributing the National Rehabilitation Guidelines.
- Developed with input from various stakeholders, these guidelines serve as a roadmap for healthcare providers to deliver high-quality, inclusive care to people with disabilities across Sri Lanka.
- Celebrated the International Day of Persons with Disabilities.
- Worked to ensure that landmine victims receive the medical care and rehabilitation support they need as the focal point for victim assistance.
- Contributed to cultural inclusivity by participating in a national technical committee led by the Ministry of Buddhasasana, Religious, and Cultural Affairs. This initiative aims to promote the cultural rights of persons with disabilities, ensuring that they have equal opportunities to engage in Sri Lanka's rich traditions and cultural experiences.

10.2.5. Directorate of Estate and Urban Health

The Directorate of Estate and Urban Health serves as the national focal point for improving the health status of populations residing in estate and urban settings in Sri Lanka. The estate community and urban low-income populations have been identified as two of the most vulnerable groups in terms of health service access and health outcomes.

The primary goal of the Directorate is to enhance the overall health and well-being of these communities and to reduce existing health disparities compared to other population groups in the country. To achieve this, the Directorate undertakes a wide range of activities, including:

- Strengthening access to quality health services
- Promoting inter-sectoral collaboration between health and non-health sectors
- Advocating for supportive policies, financial investments, infrastructure development, and equitable resource allocation for these sectors

The Directorate is comprised of two sub-units, each headed by a Consultant Community Physician:

- Estate Health Sub-Unit
- Urban Health Sub-Unit

Actions taken in 2024

Estate Health Sub-Unit

- **Integration of Estate Health into National Health Policy and Development Planning**

Steps were taken to ensure the provision of free, equitable health services to the estate community, in alignment with the National Health Policy. Efforts focused on integrating the

health needs of estate populations into national and sub national health planning and development frameworks.

- **Progress in Institutional Integration of Estate Health Facilities**

The Estate and Urban Health Unit worked in close collaboration with key stakeholders to fulfil administrative and legislative requirements for the acquisition of health institutions in the estate sector. This initiative aims to ensure that estate communities receive consistent, accessible, and equitable health services, comparable to other sectors of the country.

- **Implemented of the "Happy Estate" Health Promotion Initiative**

The “Happy Estate” initiative was launched as a flexible and community-centered platform to promote health and well-being in estate communities. Designed to address longstanding health disparities, the initiative enables locally tailored interventions and promotes active community participation.

Led by the Estate and Urban Health Unit of the Ministry of Health, in collaboration with the Health Promotion Bureau, Provincial and Regional Directors of Health Services (PDHS/RDHS), and the Plantation Human Development Trust (PHDT), this initiative exemplifies a multi sectoral and inclusive approach to sustainable health development.

- **Conducted of the National Estate Health Steering Committee Meetings**

The National Estate Health Steering Committee, chaired by the Secretary of Health, convened with the participation of stakeholders from both health and non-health sectors. These meetings served as a vital platform for multisectoral coordination, strategic planning, and oversight of the broad portfolio of activities led by the Estate and Urban Health Unit.

- **Conducted National -Level Review and Planning Meeting**

A national review and planning meeting was with active involvement of relevant stakeholders to assess ongoing initiatives, identify current challenges, and define future strategic actions for improving health outcomes in estate and urban communities.

Urban Health Sub Unit

- **National Urban Health Steering Committee Meeting**

National Urban Health Steering Committee Meeting chaired by the Secretary of Health, was conducted on with the participation of dedicated stakeholders. In this meeting, four sub-committees were formed (Nutrition, Non-Communicable Diseases, Mental & Substance Abuse and Disaster Management) for programmes to address the problems identified in municipal areas.

- **Formation of Legal Sub committee**

The Legal subcommittee was formed to explore the legal provisions related to public health in urban areas and identify the gaps and feasibility in implementing them and to submit relevant recommendations.

- **Situation analysis of the thirty wellness centers established in urban under-settled flats municipal and urban councils**

The Estate and Urban Health unit of Ministry of Health, together with Non-Communicable Disease Unit and the Urban Development Authority (UDA) and urban councils in Colombo district has established 30 model Wellness Centers (WC) since 2021, with the aim of screening for risk factors of non-communicable diseases, referring of identified high risk clients to primary health care units and to introduce health promotion activities among the flat dwellers

An Evaluation of the current situation functionality of the WCs was conducted covering all WCs.

Comprehensive analysis was carried out and outcome will be presented in the upcoming steering committee meeting to decide the way forward.

- **Capacity building programme on exercise promotion in day-today life for urban communities**

In collaboration with Sri Lanka Sports Medicine Association, a series of capacity-building programmes on exercise promotion in day-to-day life, was planned with the objective of prevention of non-communicable diseases and promotion of healthy lifestyles in urban populations.

- **Conduction of stakeholder meetings with health and non-health stakeholders in order to identify the problems related to urban health disparities, prioritizing of the problem and evaluate the possible interventions and outcome**

As the focal point in identifying the urban health care provision disparities and analyzing them, consultative meetings were conducted in 6 provinces of Sri Lanka (Eastern, Southern and North-Western provinces are yet to be visited) in order to explore the root causes of each problem and finding the possible interventions.

10.3. Deputy Director General - Environmental Health, Occupational Health and Food Safety

The Deputy Director General (Environmental Health, Occupational Health and Food Safety (EOHFS)) plays a pivotal role in safeguarding public health through the oversight of environmental health, workplace safety, and food safety initiatives.

Directorates and Units under DDG (EOHFS):

The DDG (EOHFS) oversees several specialized units that focus on different aspects of environmental and occupational health, as well as food safety

- Environmental Health Unit
- Occupational Health Unit
- Food Control Administration Unit (FCAU)

10.3.1. Environmental Health Unit

Environmental Health encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. Air quality, water quality, healthcare waste management, bio diversity and climate change is considered under environmental health.

The Ministry of Health liaises closely with the Ministry of Environment, Central Environmental Authority and other relevant stakeholders in working in the area of Environmental Health. The implementation of Environmental Health activities in the preventive health sector are conducted mainly through the Provincial and District Level Health Services via the MOH unit system. The Medical Officers of Health (MOH) and Public Health Inspectors (PHI) implement preventive and promotive environmental health activities at the grassroots level. Health staff across all sectors also plays an important role in enhancing environmental health.

Actions taken in 2024

- Ensured continued access to essential health and nutrition services for children and women during emergencies
WASH facilities were provided in Nuwara Eliya, Nawalapitiya, Lady Ridgeway Hospital, and De Soysa hospital to strengthen immunization services and ensure a safer environment for patients and staff. In addition, support was extended to improve healthcare waste management at the Kalmunai RDHS, contributing to better environmental health and safer healthcare practices.
- Disseminated the WASH survey results
The All-Island Water, Sanitation, and Hygiene (WASH) survey, using the WASH FIT tool, was finalized in 2023. Dissemination workshops at national and provincial levels were conducted in 2024. The expenses for the workshops were directly handled by UNICEF.

- Provided waste bin to strengthen the waste management
To enhance healthcare waste management and improve menstrual hygiene practices in healthcare institutions, UNICEF supported the procurement of pedal-operated waste bins for DGH Matara and DGH Hambantota. In addition, De Soysa Hospital for Women received pedal-operated waste bins funded through the Government of Sri Lanka (GOSL) budget.
- Implemented climate change adaptation initiatives
A series of Training of Trainers (TOT) workshops on climate change adaptation and building resilience in the health sector were successfully conducted under the Government of Sri Lanka (GOSL) budget. These workshops aimed to build capacity among health sector professionals to address the impacts of climate change, enhance preparedness, and strengthen resilience within the healthcare system.
- Conducted national steering committee for healthcare waste management
The meeting of the National Steering Committee for Healthcare Waste Management was held in January 2024 and important decisions were taken to address prevailing major issues in healthcare waste management in the government sector.
- Conducted monitoring of the availability of Environmental Protection Licenses (EPL) and Scheduled Waste Management Licenses (SWML) in health institutions
- Held two consultative meetings and progress review on climate action initiatives
- Conducted several workshops to generate evidence on the impacts of climate change and support the integration of these findings into policies and strategies in the water, health, and education sectors
- Conducted National inception meeting on eliminating mercury in skin-lightening products in collaboration with the Ministry of Environment

Actions to be taken in 2025

- Conduct Training of Trainers (TOT) on WASH-FIT at the district level.
- Obtain endorsement for the National Healthcare Waste Management Action Plan for the health sector.
- Develop WASH standards for healthcare settings.
- Develop guidelines for Green, Healthy, and Safe Hospitals.

10.3.2. Occupational Health

The Occupational Health Unit of the Environmental and Occupational Health and Food Safety Directorate is the focal point for Occupational Health in the Ministry of Health in Sri Lanka. The unit is responsible for planning, co-ordination, monitoring and evaluation of the National Occupational Health Programme.

It is responsible for capacity building of public health staff, curative health staff as well as other staff categories on Occupational Health. Occupational Health services are provided at the grass root level by Public Health Inspectors (PHI) together with the Medical Officers of Health (MOOH) through the District and Provincial Health systems. Trainings are conducted for undergraduate and post graduate medical students. The unit involves in awareness creation and research and development in the area of occupational and related environmental health issues. Additionally, the unit liaises with other important stakeholders such as the Ministry of Labour in implementing the National Occupational Health Programme of the Ministry of Health.

Actions taken in 2024

- **Conducted Training of Trainers workshop on Occupational Health and Safety**

Recognizing the importance of Occupational Health and Safety, the Directorate of Environmental and Occupational Health (E&OH) conducted district-level two-day Training of Trainers (ToT) programs for participants from various health sector professions, including SPHID, MO-E&OH, MOHs, and PHIs. The training emphasized occupational health and safety and led to the drafting of action plans to enhance these standards across the districts. Workshops were held in Matale, Colombo, Kandy, and Gampaha.

- **Held consultative meeting to update the district review format on Environmental Health, Occupational Health, and Safety Activities**

A consultative meeting was held to update the District Review Format on Environmental Health, Occupational Health, and Safety Activities. Key participants included CCP, MOH, SPHID, and PHI, selected from the Western Province. Updating this format is crucial for ensuring that the most current and effective practices in environmental and occupational health and safety are implemented across the districts.

Actions to be taken in 2025

- Revision of workplace inspection and report writing formats
- Revising workplace survey formats
- Conducting Environmental and Occupational Health Reviews at district level

10.3.3. Food Control Administration Unit (FCAU)

Food safety is a key component of the public health system in Sri Lanka. The Director General of Health Services (DGHS) serves as the Chief Food Authority (CFA) of the country. The Food Control Administration Unit (FCAU), which functions under the Deputy Director General of Environmental, Occupational Health, and Food Safety, is responsible for food safety oversight and coordinates national food safety activities with relevant agencies.

The Director of Environmental, Occupational Health, and Food Safety leads the Directorate of FCAU, coordinating and monitoring regulatory services and providing technical guidance to local authorities to ensure the availability of safe and wholesome food for consumers.

Actions Taken in 2024

- Conducted
 - 28 Food Safety District Reviews to assess the performance of authorized officers.
 - National Food Laboratory Review at laboratory level to assess laboratory data on food safety
 - Two media seminars with the support of Health Promotion Bureau addressing myths related to food in the community and its safety and maintaining hygienic practices to improve hygiene in food premises
 - Residential Training Programmes on Food Safety and Hygiene for authorized officers targeting Public Health Inspectors to enhance their knowledge and expertise. Altogether 474 Public Health Inspectors were already trained in selected districts. A separate training programme was conducted for SPHIDs on food safety and hygiene and their responsibilities.
 - Training Programme on Food Safety and Hygiene targeting Medical Officers of Health to enhance their knowledge and expertise.
 - One day training programme on food safety, hygiene and food act for medical officers engaged in food safety work at regional level.
 - Two food safety weeks across the country ensuring the food safety during festival seasons (during New Year season and year end festival season).
 - An initial meeting with relevant stakeholders to develop a national food safety emergency response plan.

- Initiated Fish Survey 2024, focusing on the identification of Total Volatile Base Nitrogen (TVB-N) and Trimethylamine-Nitrogen (TMA-N) levels in fish. Depending on the results of the survey, levels of TVB-N and TMA-N in fish will be determined and fish regulation will be implemented.

- Developed the second draft of the Food Safety Policy, laying the foundation for a robust framework in ensuring food safety

- Strengthened analytical capabilities of the National Institute of Health Sciences chemical food laboratory and Anuradhapura food laboratory

- Conducted CODEX activities
 - Virtually Participated the CODEX committee on Food import and export inspection and certification system held in Cairns, Australia
 - Virtually Participated CODEX Alimentarius Commission (CAC) meeting in Geneva, Switzerland.

- Participated in E-working group on cinnamon and submitted the comments on CODEX draft standards for cinnamon to the CODEX Committee on Spices and Culinary Herbs.
- Held the National CODEX Subcommittee meetings on spices and culinary herbs.

Other Activities

- **Import Control Activities (to support food safety at ports of entry)**

Food import control procedure is implemented at the ports of entry by Food Control Administrative Unit to ensure that the food arrives in Sri Lanka are safe for human consumption. Import control activities are carried out by Food and Drug Inspectors in sea port, airport, and container terminals. Inspection of documents, foods and food sampling based on food safety hazards are done at the entry points. A total of 38,073 food consignments were inspected at container terminals in 2024. At sea ports, 5,249 food consignments were registered and inspected, while 3,831 consignments were received and inspected at the airport.

- **Export Control Activities (to ensure the best quality of export food items and to provide export health certificates when necessary)**

When exporting food items, the importing country requests for a health certificate from the food authority of the exporting country, certifying that the product is suitable for human consumption. This is called "export certificate" or "health certificate". Export certificates for exporting food consignments are issued on request by FCAU certifying that the food is fit for human consumption. FCAU has issued 13,787 health certificates in 2024.

- **Domestic Control (to protect consumers from preventable health risks)**

Domestic food control activities are conducted by Authorized Officers under the food act. Food and Drug Inspectors at district level and Medical Officers of Health and Public Health Inspectors implement food act and its regulations island wide to ensure food safety. They involve in the activities such as inspection and grading of food establishments, obtaining food samples, prosecution and seizing when needed under the Food Act and its regulations and conducting awareness programmes in the community.

- **Bottled or Packaged Water Registration Activities:**

All bottled or packaged natural mineral water and bottled or packaged drinking water have to be registered under the Food (Bottled or Packaged Water) Regulations 2005.

- **Iodized Salt Regulation Activities:**

All premises used for iodization of edible common salt are registered under the Food (Iodization of Salt) Regulations 2005.

- **Food Advisory Committee and its subcommittees to ensure food safety**

Food Advisory Committee (FAC) has been setup under the Food Act No.26 of 1980 and has regular meetings every month. FAC consists of almost all the stakeholders of food chain and it is the main forum to discuss food safety matters in the country. Subcommittees are appointed under the Food Advisory Committee to facilitate its functions. Food (Technical) subcommittee meets monthly to attend technical matters related to food safety. Food (health claim) subcommittee meets weekly to discuss “health claims” submitted for approval by food industry. Section 32 of the Food Act has given powers to form food regulation. Hence, Food (Regulation Formation) subcommittee is formed to develop fair, effective and science-based food regulations that support competitive markets and protect consumers. This committee meets weekly to expedite regulation formation and amendment procedure.

In 2024, the Food Advisory Committee held 9 meetings, while the Technical Subcommittee conducted 7 meetings. The Health Claims Subcommittee held 11 meetings, and the Regulation Formation Subcommittee conducted 30 meetings. The Food Laboratory Subcommittee did not hold any meetings during the year.

- **Capacity building of officers involved in food safety**

- The officers involved in food safety need to have a sound knowledge on food safety management through entire food chain. Therefore, it is important to conduct capacity building programmes for these officers. 8, 4 days residential training programmes on food safety and hygiene were conducted for PHIs and SPHID at the auditorium of Medical Research Institute and Wayamba Training Center at Wariyapola.
- One day training was conducted for Medical Officers at EOH, Regional Epidemiologists, MP planning or relevant responsible medical officers at Sri Lanka Foundation Institute on food safety and hygiene.

- **Food safety reviews**

Food safety reviews conduct at district levels and national food laboratory review at laboratory level to assess the performance of authorized officers and lab analysts.

- **Public awareness**

- Media seminar for World Food Safety Day
A media seminar was held in collaboration with the Health Promotion Bureau to commemorate the world food safety day. The theme for the year 2024 was “Food Safety: Prepare for the Unexpected.”. The aim of this media seminar was to raise awareness on food safety among media personal and thereby general public.
- Media seminars to increase public awareness
Two media seminars were conducted on food safety to increase public awareness on myths related to food in the community and maintaining hygienic practices to improve food hygiene in food premises.

11. Medical Services

Sri Lanka has long been recognized for its strong public healthcare system, which offers free medical services to the population through an extensive network of government health institutions. This chapter provides a comprehensive overview of the country's curative healthcare delivery system, covering infrastructure, service provision, and utilization patterns across all levels of care from primary medical institutions to tertiary care hospitals. Medical services are administered under the guidance of two Deputy Director Generals (DDGs), each overseeing distinct units within the system.

11.1. Deputy Director General (Medical Services) - I

The DDG (MS) - I covers a broad spectrum of responsibilities aimed at ensuring the effective functioning of medical services across the country. Supervision, coordination and monitoring of medical services especially Tertiary Care, based on the implementation of well-developed plan, with the contribution of satisfied and dedicated staff, is the responsibility of the DDG (MS) - I.

The DDG (MS) - I caters to a wide range of services pertaining to Intern Medical Officers, Postgraduate Trainees, Specialist Medical Officers and Medical Administrators. Yearly more than 1,705 Intern Medical Officers are appointed and around 3,500 postgraduate trainees are following around 74 different specialties ranging from Diplomas, Masters Degrees and Doctoral Studies (MD). Nearly 2,278 Specialist Medical Officers are providing specialist care for the nation and 280 Medical Administrators are distributed in health institutions at different levels of care.

Quality improvement and administrative coordination and supervision of nursing care service around 30,000 nursing officers is also a responsibility of DDG Medical services-1. In addition the National Transplant Programme (NTP) in the government sector falls under the direct purview of DDG (MS) - I. Development of tertiary level medical facilities in major hospitals and other institutions including establishment of necessary infrastructure facilities, provision of medical equipment, and providing administrative support are major functions of the Medical Services-1 division.

DDG (MS) - I supervises following units/directorates:

- Tertiary Care Services (TCS)
- Healthcare Quality and Safety (DHQS)
- Directorate of Medical Technology Service (MT & S)
- Directorate of National Transplant Programme
- Registered Medical Officers (RMO)
- Nursing-Medical Services (Nursing-MS)
- National Intensive Care Surveillance (NICS)

This role is integral to maintaining the quality and accessibility of medical services in Sri Lanka, ensuring that healthcare delivery meets the nation's needs effectively.

11.1.1. Directorate of Tertiary Care Services

Directorate of Tertiary Care Services is responsible for several critical human resource functions related to medical professionals in the government health sector. Its key responsibilities include the overseas training, recruitment, and deployment of all medical specialists, as well as the recruitment and deployment of medical administrators. The Directorate also oversees the postgraduate training of medical professionals (postgraduate trainees), internship training for both local and foreign medical graduates, and addresses issues related to Relief House Officers and Specialists. Furthermore, it manages all human resource-related matters concerning Teaching Hospitals and Specialized Institutions.

Actions taken in 2024

- Planning to develop a web based Management Information System. (For Specialist Grade Medical Officers and Administrative Grade Medical Officers)

Actions to be taken in 2025

- Improving infrastructure facilities at the office of the DDG (MS) – I and in tertiary care hospitals.
- Enhancing the HRMIS system for Administrative Grade Medical Officers.
- Improving facilities for the Community Paediatric Forum.
- Strengthening the Medico-legal Service.
- Prioritizing development of neglected hospital areas such as mortuaries, CSSD units, and stores.
- Revising the cadre of Specialist Grade Medical Officers for 2023–2030.
- Developing a GIS-based mapping and information system for Specialist Grade Medical Officers.
- Developing an integrated system for TCS.

11.1.2. Directorate of Healthcare Quality and Safety

Directorate of Healthcare Quality and Safety (DHQS) was established a standard island wide programme to improve the quality of care, introducing a national set of twenty indicators. All hospitals are required to measure the indicators, and conduct a patient satisfaction survey at least annually.

Actions taken in 2024

- Introduced Surgical Safety Checklist in all hospitals
- Established National Institutional Accreditation system and obtaining National Awards of excellence.

Actions to be taken in 2025

- Developing “Help Desk” for Hospital Services information portal for customers.
- Deploying a telemedicine system for efficient patient care.

11.1.3. Directorate of Registered Medical Officers

Human Resource Management functions of Registered Medical Officers (RMOs) and Assistant Medical Officers (AMOs) in the health services is the key role of this directorate. In 2024, there are 500 registered medical officers serving across the country. They are assigned to various healthcare institutions, ranging from major hospitals to smaller medical institutes under the Line Ministry and Provincial Ministry hospitals.

Registered Medical Officers are responsible for treating at both Outpatient Departments and inpatient wards. They also contribute various clinics, including Well Baby Clinics, Antenatal Clinics, Non-Communicable Disease Clinics, Well Women Clinics, and Healthy Lifestyle Clinics, along with performing duties in special health campaigns. In addition, RMOs contribute significantly to medical statistical work in hospitals and assist in managing drug and surgical stores in certain healthcare institutions, ensuring the efficient operation of medical services.

11.1.4. Directorate of Nursing (Medical Services)

Directorate of Nursing (Medical Services) is responsible for improving quality and productivity in nursing service care.

11.1.5. Directorate of Medical Technology Service

Directorate of Medical Technology Services is responsible for advising on all current and emerging health technology, projects, and matters related to the selection, establishment, utilization, and monitoring of health technologies. The unit also facilitates the disclosure of information regarding health technology assessment and improvement to enhance healthcare services.

Medical Technology Services unit focuses on:

- **Assessment and Guidance:** Ensuring the safety, effectiveness, and cost-efficiency of current health technologies.
- **Evaluation of Projects and Programs:** Assessing ongoing projects and reviewing new proposals in medical technology and healthcare services.
- **Performance Assessment:** Monitoring and evaluating organizations, particularly in relation to the implementation and management of medical technologies.
- **Identification and Implementation:** Guiding the selection, prioritization, and implementation of new health technologies.
- **Research and Innovation:** Facilitating multidisciplinary research and fostering innovations in medical technology.

The unit operates through an appointed Working Group consisting of representatives from relevant categories. Key functions of working groups include:

- **Conducting Health Technology Assessment (HTA) Surveys** periodically and compiles data for necessary interventions.
- **Developing and updating workforce norms** for various categories of staff involved in health technology services.

- Reviewing and recommending policies, strategies, and guidelines for medical technology and services.
- Identifying, assessing, and prioritizing challenges related to medical technologies across healthcare facilities.
- Developing and overseeing the implementation of solutions to address gaps in medical technology and healthcare service delivery.
- Conducting systematic reviews and supporting research in health technology assessment.
- The establishment of the Medical Technology Services Working Group and the development of the Terms of Reference for the Directorate of Medical Technology and Services.
- Development of Specialist Grade Medical Officers' Cadre projections up to 2030. (Ongoing process)
- Institutionalization of the Web-Based Biomedical Equipment Selection and Prioritization System

Actions taken in 2024

- Conducted four workshops with financial assistance from the Health System Enhancement Project of the Asian Development Bank to institutionalize the web-based system for Biomedical Equipment Selection and prioritization across all Line Ministry hospitals. These workshops aimed to streamline the process of identifying and prioritizing biomedical equipment needs, ensuring a structured and transparent approach to resource allocation. These workshops were conducted in collaboration with the Biomedical Engineering Services Division and facilitated discussions on equipment utilization and resource-sharing among hospitals to optimize existing resources effectively.

Actions to be taken in 2025

- Conducting facilities and performance evaluation of Base Hospital Type A and Type B
- Coordinating Regional Cooperative Agreement projects
- Coordinating institutionalization of the Web-Based Biomedical Equipment Selection and Prioritization System.
- Appointing a Health Technology Assessment Technical expert panel
- Establishing a dedicated budget line in the Ministry for carrying out assessments and related expenses required for a HTA

11.1.6. Directorate of National Transplant Programme

National Transplant Programme is a specialized initiative aimed at coordinating and strengthening organ and tissue transplantation services across the country. The programme ensures provision of safe, ethical, and high-quality transplant services, including kidney, liver, corneal, and bone marrow transplants. It oversees the formulation of national policies, development of transplant infrastructure, training of healthcare professionals, and promotion of organ donation awareness. The programme plays a vital role in enhancing access to life-saving treatments and improving quality of life for patients with end-stage organ failure.

Actions taken in 2024

- Improved National Transplant Programme
 - Established Regional Transplant Ethics Committees
 - Launched National transplant policy
 - Prepared regulations for disease donor transplantation
 - Incorporated driving license with donor agreement
 - Introduced database for Donor registry and Donor card
 - Given live donor transplant authorization under the DDG (MS) 1 division, for the Government hospitals and Semi Government Hospital (SJGH)
- Facilitated for conducting renal transplant surgeries and liver transplant surgeries

Actions to be taken in 2025

- Implement National Transplant Management Information System and Organ Allocation System

11.1.7. National Intensive Care Surveillance (NICS)

National Intensive Care Surveillance (NICS), in collaboration with the Ministry of Health, operates a 24/7 ICU Bed Availability Service covering 158 government ICUs across Sri Lanka. The service provides real-time information on ICU bed availability for adult, pediatric and neonatal patients. NICS collects, updates, and analyses data on each unit's total, unoccupied, and closed/reserved beds, enabling timely patient transfers, more efficient use of capacity, better service planning, and emergency response.

In 2024, a total of 1,527 ICU bed-request calls were recorded nationwide, with 973 (63.7%) made during daytime hours and 554 (36.3%) made at night. Most ICU bed requests were for older adults above 60 years, representing over a 25 per cent all calls. Middle-aged groups (40–59 years) also contributed significantly, together making up about one-third of the calls. Children and young adults accounted for a relatively small proportion, while a notable 12.3 per cent of cases lacked age data.

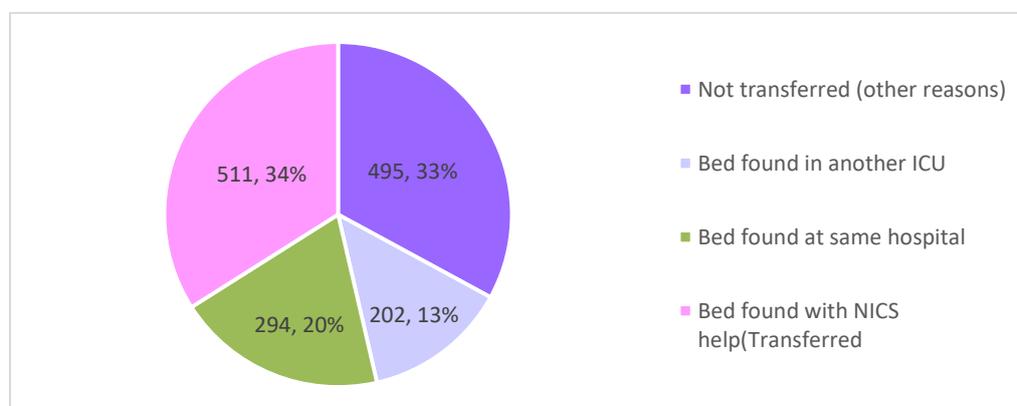


Figure 11.1: Outcome of ICU bed-request calls, Sri Lanka, 2024

Source: National Intensive care surveillance

Note: Outcome not recorded for 25 bed-request calls

11.2. Deputy Director General (Medical Services) - II

The Deputy Director General (Medical Services) - II plays a pivotal role in the administration and continual improvement of curative healthcare services in Sri Lanka. The position ensures effective management, regulation, and coordination of medical service delivery within the national health system. By providing leadership and oversight to several key directorates, the DDG (MS) – II contributes significantly to enhancing accessibility, quality, and efficiency of healthcare services across the country.

Directorates, under DDG (MS) - II:

- Directorate of Primary Care Development
- Directorate of Private Health Sector Development
- Directorate of Medical Services Administration
- Directorate of Prison Medical Service

Other Programs and Units under DDG (MS) - II

- Sport Medicine

11.2.1. Directorate of Primary Care Development

Directorate of Primary Care is the focal point for providing guidance for enhancing and strengthening of primary care service delivery. The overall responsibility of the Primary Care Directorate is to support first contact accessibility, ensuring a comprehensive and continuity of care, coordination of care and to establish a people centered care at the Primary Care Institutions. This Directorate coordinates with other directorates and development partners by providing technical guidance and managerial support to develop Primary Care Settings of the country. Primary care Directorate has a good coordination with the Provincial and Regional health sector to support them to reach the common health sector goals. The overall objective of the directorate is to deliver the maximum contribution to achieve Universal Health Coverage.

Actions taken in 2024

- Completed the preparatory work of the PHSEP project by the loan granted from World Bank.
- Conducted more than 3000 medical boards for non-medical staff on approving medical leave, compensation for injuries, and pensions for lifetime disabled orphans per annum.
- Conducted and completed special medical boards around 320 for the police staff on light duty and revert them for normal service or retirement

11.2.2. Directorate of Private Health Sector Development

Directorate of Private Health Sector Development (DPHSD) is established for regulating and overseeing country's private healthcare sector. Its core mandate is to ensure that private healthcare institutions operate in accordance with national health standards and policies, delivering safe, ethical, and high-quality medical services. DPHSD works in close collaboration with the Private Health Services Regulatory Council (PHSRC) to monitor, regulate, and develop the private health

sector. Serving as the operational and administrative arm of the PHSRC, the DPHSD plays a vital role in implementing policies, enforcing standards, and supporting regulatory functions. Together, these entities work to ensure that private healthcare providers align with national health priorities and contribute to the overall quality and integrity of the healthcare system in Sri Lanka.

Actions taken in 2024

- Advocated to adhering national guidelines and standards in conducting preventive services and transfer relevant details to Epidemiology Unit. eg: Dengue Prevention.
- Contributed to provide information to National Cancer Registry, by private hospitals who are acting as cancer treatment centers and diagnostic laboratories, as identified in national cancer control policies.
- Strengthen human resource capacity of the Private Health Sector
 - a) Initiation to conduct refresher/ gap filling courses for “Private Sector Nurses” who are currently employed at Private Hospital/ Medical Centers in collaboration with PHSD, PHSRC, NAITA and APHNNH.
 - b) Initiation to conduct refresher/ gap filling courses for “Dental Surgery Assistants” who are currently employed at private dental surgical practices/ clinics in collaboration with PHSD, PHSRC, NAITA and SLDA.
- Increased the number of private hospital/ institutions registration and renewal of private medical institutions’ licensing.
- Streamlined mechanism to collect health information from private health sector.
- Conducted inspection and observation visits to private medical institutions to grant approval for registration with the President’s Fund and to authorize kidney transplant surgeries.
- Coordinated with other Directorates of Ministry of Health, Sri Lanka Medical Council, Health Sector Trade Unions and Professional Organizations when necessary.
- Processing of relevant documents by PHSD to grant permission of Ministry of Health for kidney transplant surgeries in private hospitals for end stage renal disease patients
- Processing of documents pertaining to temporary registration of foreign specialists
- Improvement of complaint handling procedure by timely investigation and enforcing remedial actions against private medical institutions
- Coordination of the process of amending the existing Private Medical Institutions (Registration) Act with legal decision of the Ministry of Health
- Provided technical expertise in human resource development training programmes conducted by provinces and private health institutions.
- Establishment of proper information system in private medical institutions
- Granting preliminary approval to establish new private hospitals after evaluating the project proposals.
- Capacity building of general practitioners to cater the demands of population including routing medical problems and emergency medical problems.
- Improvement of registration and renewal of registration of private medical institutions’ by strengthening the capacity of provincial health authorities.
- Improvement of complaints handling procedure by timely investigation and enforcing remedial actions against private medical institutions.

- Inspection and observation visits to private medical institutions by staff from Directorate of Private Health Sector Development.
- Conduct of an advocacy workshops in coordination with Provincial Directorates of Health Services following observation visits to selected private medical institutes in the respective provinces.
- Providing technical expertise in human resource development training programmes conducted by provincial health authorities for private health institutions.

Table 11.2: Number of registered private medical institutions, 2020-2023

Category	Number of Registrations				
	2019	2020	2021	2022	2023
Full Time Dental Surgeries (FDS)	49	49	40	43	51
Full Time General Practices (FGP)	208	178	154	121	182
Full Time Medical Specialist Practice (FMS)	10	6	4	3	4
Private Medical Centers (MC)	264	233	247	247	304
Private Medical Laboratories (L)	645	673	657	702	941
Other Private Medical Institutes (OPMI)	105	128	115	130	177
Part Time Dental Surgeries (PDS)	38	34	26	25	63
Part Time General Practices (PGP)	411	316	251	226	551
Part Time Medical Specialist Practice (PMS)	7	6	6	4	8
Private Ambulance Services (AS)	11	11	9	13	13
Private Hospitals (PH)	146	151	172	179	190
Total Institutions	1,894	1,785	1,681	1,693	2,484

Source: Directorate of Private Health Sector Development

Actions to be taken in 2025

- Conduct an island wide survey for collecting actual information about Private Medical Institutions
- Initiate a private hospital grading system to evaluate the care and facilities provided

11.2.3. Directorate of Medical Services Administration

The Directorate of Medical Service Administration, comprising two branches (EC I and EC II), handles the following HR activities pertaining to grade medical officers.

- Documentation related to appointments and reinstatements.
- Issuing formal appointment letters /Confirmation of the service
- Grade promotions of the medical officers (Grade II, Grade I, Specialist Grade)
- Processing leave (To handle local No-pay leave, Foreign No-pay leave, Short-term leave, Special medical leave, Extended maternity leave, Earned leave, Accident leave, Adoption leave, and Surrogated pregnancy leave).
- Process medical board decisions/disciplinary inquires

- Issuing vehicle permits
- Managing language proficiency details (English, Sinhala/ Tamil) and language allowance payment arrangements
- Releasing and re-attaching medical officers to permanent and temporary stations
- Processing resignations and retirements of medical officers
- Serving vacation of post for medical officers
- Delivering summons sheets for the medical officers
- Office works on legal actions taken against medical officers
- Processing bonds (bond charging and clearing)
- Examination results clarification

11.2.4. Directorate of Prison Medical Service

Directorate of Prison Health Services plays a vital role in safeguarding the health and well-being of prison population. In 2024, the Directorate continued its mission of ensuring access to equitable, ethical, and high-quality healthcare across 24 prison hospitals serving over 34,000 inmates, including more than 8,000 at the Welikada Prison Complex.

Actions taken in 2024

- Deployed medical officers and nursing staff across all prison hospitals, ensuring consistent service provision.
- Introduced digital X-ray and laboratory services to strengthen diagnostic capacity within the prison health system.
- Completed more than 100 cataract surgeries in collaboration with the National Eye Hospital, improving access to essential eye care for inmates.
- Initiated specialist consultations from the Colombo National Hospital, thereby enhancing access to advanced clinical services within the correctional setting.

11.2.5. Sports and Exercise Medicine

Sports and Exercise Medicine has emerged as an integral part of healthcare in Sri Lanka, addressing the needs of athletes, physically active individuals, and the general population. A landmark achievement came in 2004 with the establishment of the first government-run sports medicine unit at the Teaching Hospital Kurunegala. Since then, this service has expanded significantly. Today, there are 14 government sports and exercise medicine units operating nationwide, staffed by six Consultants and ten acting Consultants, Medical Officers, Nurses and supportive staff.

Government sports and exercise medicine units

- | | |
|--|--|
| 1) National Hospital Colombo | 8) Teaching Hospital Peradeniya |
| 2) National Hospital Kandy | 9) Teaching Hospital Anuradhapura |
| 3) National Hospital Galle | 10) Teaching Hospital Rathnapura |
| 4) Colombo South Teaching Hospital | 11) District General Hospital Matara |
| 5) Colombo North Teaching Hospital | 12) District General Hospital Kalutara |
| 6) Lady Ridgeway Hospital for Children | 13) District General Hospital Negombo |
| 7) Teaching Hospital Jaffna | 14) District General Hospital Gampaha |

Table 11.3: Number of Medical Officers trained for fitness assessment by RDHS division, 2023-2024

District	2023	2024
Colombo	43	-
Gampaha	48	-
Kalutara	27	-
Kandy	63	-
Matale	19	-
Nuwaraeliya	35	-
Galle	54	-
Matara	53	-
Hambantota	24	-
Jaffna	33	23
Kilinochchi	4	10
Mannar	12	12
Vavuniya	25	9
Mullativu	13	10
Batticaloa	46	30
Ampara	-	44
Kalmunai	-	37
Trincomalee	27	33
Kurunegala	-	69
Puttalam	-	38
Anuradhapura	-	54
Polonnaruwa	38	-
Badulla	-	78
Monaragala	-	66
Rathnapura	94	-
Kegalle	38	52
Total	696	565

Source: Sports and Exercise Medicine unit

Sports and Exercise Medicine units provide comprehensive medical support to athletes and physically active individuals. This includes talent identification and assessing suitability for sport, conducting Pre-Participation Examinations (PPE), and issuing fitness certifications.

11.3. Disaster Preparedness and Response Division

Sri Lanka faces considerable vulnerability to natural disasters due to its geographic and climatic conditions. The country regularly endures floods, droughts, landslides, cyclones, coastal erosion, epidemics industrial and chemical accidents, and internal conflicts. These recurring challenges, compounded by emerging threats such as pandemics, significantly elevate the country's disaster risk. The impact of these disasters extends across human health, economic stability, and environmental sustainability, highlighting the critical need for comprehensive disaster preparedness and response strategies.

The Disaster Preparedness and Response Division (DPRD) serves as the focal point for health response coordination and preparedness. Established in 2008, the DPRD plays a vital role in ensuring the nation's readiness and effective response to disasters, emergencies, and public health crises. The division is responsible for coordinating and implementing strategies to mitigate the impact of disasters on public health and to facilitate rapid and efficient response efforts during emergencies.

Action Taken in 2024

- Conducted training for health emergency operation centers

In collaboration with the World Health Organization (WHO), organized a four-day training session for 35 participants. These participants included health staff involved in disaster activities, representing the Epidemiology Unit, RDHS offices of Rathnapura, Kegalle, Nuwara Eliya, Badulla, Colombo, Gampaha, Kalutara, Galle, Jaffna, Anuradhapura, Polonnaruwa, and the PDHS offices of the Eastern and Western Provinces. The training aimed to enhance the capacities of national and sub-national Health Emergency Operation Centers (HEOCs) in Sri Lanka, enabling them to effectively and efficiently prepare for and respond to health emergencies.

- Held National Health Sector Disaster Management Drill 2024

National Disaster Preparedness and Response Drill hold annually. As part of this exercise, a medical camp is set up to simulate disaster response in remote areas. Additionally, a review of hospital drills conducted throughout 2023 is also included. In January 2024, the drill took place at Vivekananda Vidyalaya in Noneperial, Belihuloya.

- Held drills in other Hospitals

In 2024, the DPRD conducted 12 mass casualty drills in separate hospitals to enhance the preparedness and capabilities of hospital healthcare staff in managing emergency and disaster situations. These drills were supported by the DPRD, which provided both funding and technical guidance. The Post Graduate Diploma in Health Sector Disaster Management trainees were involved in the drills as part of their field training, helping to further strengthen their practical skills in disaster response.

- Conducted training for Nursing Officers

In 2024, disaster management training programs were conducted in eight hospitals, benefiting 400 nursing officers.

- Conducted a workshop on dissemination of results of safe hospital assessment 2023
Safe Hospital initiative is a methodology which has been used by many countries to ensure the safety of patients and health staff during situations of disasters and emergencies, through structural resilience.
- National Coordination and Monitoring in Combating the Dengue Surge
To manage the outbreak of dengue, DPRD has activated the National Health Emergency Operations Centre (NHEOC) and worked in collaboration with the National Dengue Control Unit, the Ministry of Health (MoH), and the Tri-Forces to monitor the situation. Nationwide mosquito control initiatives, including fogging and extensive public awareness campaigns, were quickly implemented.

11.4. Medical Statistics Unit

The Medical Statistics Unit (MSU) is functioning with the statistical staff of the Department of Census and Statistics. It plays a pivotal role in the collection, analysis, interpretation, and dissemination of hospital administration data across the country. MSU plays a vital role to strengthen the data infrastructure within the health sector and works in close coordination with hospitals, public health institutions, and regional health departments to compile accurate and timely statistics. These data mainly include information on morbidity and mortality, hospital performance, communicable and non-communicable diseases, maternal and child health indicators, and health resource utilization. The MSU also collaborates with international agencies such as the World Health Organization (WHO) to align national statistics with global standards.

Actions taken in 2024

- Published AHB 2022-2023
- Estimated Medical Officer of Health (MOH) division-level population for 2024.
- Updated the national health institution registry for the year 2024.
- Responded to approximately 300 data requests, achieving a 99% fulfillment rate.
- Conducted district-level annual health review programs.
- Initiated theatre data collection by distributing theatre registers to selected hospitals

Actions to be taken in 2025

- Collect and compile hospital data for the 2024 and publish AHB 2024
- Conduct hospital statistics training programs with the collaboration of WHO

11.5. Human Resource Management Coordination Division (HRCoD)

Human Resource Management Coordination Division (HRCoD) addresses the long-term challenges met by the Ministry of Health with reference to Human Resources in Health (HRH).

Unit functions as the focal point for taking policy directions and conducting human resource-related research in Sri Lankan health sector. Further, unit is entrusted with responsibilities related to,

1. Recruitment
2. Training need identification
3. HRH development
4. Developing an appropriate performance appraisal system
5. e-based deployment

The unit is also entrusted with HRH cadre projections responsibility to guide service expansions in the curative and preventive care services.

The unit has pioneered these activities by launching an online recruitment system for nurses, professions supplementary to medicine (PSM) and paramedical staff through which the transparency of the recruitment process was improved. The unit provides up-to-date data to the National Health Workforce Accounts (NHWA) portal of the WHO.

Actions taken in 2024

- **Nursing Student Recruitment**
The Human Resources Coordination Division (HRCoD) invited online applications in 2023 from students who sat for the 2019/2020 (Old/New syllabus) GCE A/L examinations in the science stream. Interviews were conducted for 3,863 applicants, and the list of eligible candidates was published in 2024.
- **Paramedical Staff Recruitment**
In 2024, HRCoD called for online applications from candidates who sat for the GCE A/L examinations in 2018, 2019, and 2020 (Old/New syllabus). A total of 1,686 applications were received, and 1,419 candidates were selected for interviews.
- **Development of Human Resources for Health (HRH) Master Plan 2025–2035**
A proposal and request for technical and financial assistance were submitted to the World Health Organization (WHO). Funding was successfully received in November 2024 to support the development of the HRH Master Plan 2025–2035.
- **Human resources Information Management System and Training**
A request for technical and financial support to update the existing Human Resource Information management System (HRIMS) was submitted to WHO; however, funding was not granted for this activity. Despite this, training sessions for the HR team were conducted by the system developers, and the first pilot Zoom meeting was held. The HRCoD data system continues to be used for updating information on nursing officers, midwives, paramedical staff, Professions Supplementary to Medicine (PSM), and dental surgeons.

Training sessions for subject clerks handling personal files of the above categories were successfully completed in the Central Province, North Western Province, and Kegalle District.

- **National Health Workforce Account (NHWA) 2023**

The development of the National Health Workforce Account for the year 2023 was successfully completed.

- **Public Health Midwife (PHM) Training – Choice Marking**

The choice marking process for candidates selected for Public Health Midwifery training (A/L 2018/2019 batch) in 2022 was completed.

- **Provincial Cadre Updating**

Cadre updates at the provincial level for the year 2024, up to June 30th, were completed.

12. Education, Training and Research

Education, training and research are integral components of Sri Lanka's health sector, underpinning the development of a competent and responsive health workforce and promoting evidence-based policy and practice. The Ministry of Health, in collaboration with academic institutions and professional bodies, plays a central role in overseeing and facilitating pre-service education, in-service training, and continuing professional development for healthcare personnel. Additionally, health research is actively promoted to generate local evidence to inform planning, service delivery, and public health interventions. These efforts contribute significantly to maintaining the high standards of healthcare and addressing emerging health challenges in the country.

12.1. Deputy Director General (Education, Training and Research)

The Deputy Director General (Education, Training and Research) at the Ministry of Health, Sri Lanka, leads the national agenda for health education, workforce training, and research development. This key role ensures the strategic planning and implementation of initiatives that enhance the quality and capacity of the country's healthcare system.

The Education, Training and Research (ET&R) Unit, functioning under the DDG (ET&R), is responsible for formulating policies, coordinating training programmes, and strengthening the skills of health personnel, excluding Medical Officers and Dental Surgeons at the basic training level. It also manages post-basic and in-service training, working closely with national academic bodies such as the Ceylon Medical College Council, the University Grants Commission, and the Postgraduate Institute of Medicine.

The unit plays a pivotal role in developing Continuous Professional Development (CPD) initiatives, including a Learning Management System (LMS) for state Medical Officers. Through collaboration with local and international partners, the ET&R Unit continues to build a competent health workforce and support the Ministry's mission to deliver high-quality healthcare services across Sri Lanka.

Directorates under DDG (ET&R)

The DDG (ET&R) oversees following directorates/ Institutions

- Directorate of Training
- Directorate of Research
- Directorate of Nursing (Education)
- National Institute of Health Science

12.1.1. Directorate of Training

The Directorate of Training under the DDG (ET&R) is responsible for planning, coordinating, and monitoring training programmes aimed at enhancing the skills and knowledge of healthcare

personnel at all levels. The Directorate oversees both pre-service and in-service training (excluding Medical Officers and Dental Surgeons), ensures alignment with national health priorities, and supports capacity building through collaborations with academic institutions and international partners. Its efforts contribute significantly to strengthening the quality and effectiveness of healthcare delivery throughout Sri Lanka.

Intake for training is determined by the administrative sections of the Ministry of Health in consultation with ET&R Unit, Planning Unit and HR Coordinating Unit. Training profile in 2024 is given in Table 12.1.

Table 12.1: Number of health personnel recruited and completed basic training, 2024

Category of staff	Number recruited	Number completed
Nursing Officers (Basic Training)	1,973	3,622
Medical Lab. Technicians		-
Pharmacists		94
Physiotherapists		-
Occupational Therapists		47
Radiographers		52
Public Health Midwives	1,117	976
Public Health Inspectors		321
Health Entomology Officers		29
Electro –Cardiographers (ECG)		57
Electro-encephalograph Recordists		17
Ophthalmic technicians		24
Dental Technicians		15
School dental therapists		37
Public health laboratory Technician		5
Prosthetics & Orthotics		7
Total	3,090	5,303

Source: Education, Training and Research Unit

Capacity development of service providers of the Department of Health

The ET&R Unit plays the pivotal role in management of in-service training programmes in the health sector by providing the necessary technical and financial assistance. Depending on the institutional needs, during the year 2024 funds were allocated for the training of many categories of the health workforce. The ET&R Unit reviews the training proposal for eligibility based on the training needs identified by the relevant institutions. Training programmes fulfilling eligibility criteria were funded. Funds utilization is monitored and evaluated.

In-service training programme

ET&R Unit itself, regularly carries out in-service training programmes for different staff categories based on the requests made by the heads of the institutions and professional organizations.

Table 12.2 presents the numbers and categories of staff in-service training received with funds from the ET&R unit during the year 2024.

Table 12.2: In-service training participation by health personnel category, 2024

Category of health personnel	Group training	Individual training
Consultants	445	-
Medical Officers	2,106	-
Nursing Officers	4,584	1
PSM /Para Categories	1,049	-
PPO/PPA/DO/HMA/MA	510	1
Health Assistants	1,098	1
Other Staff	486	12
Total	10,278	15

Source: Education, Training and Research Unit

Continuous Professional Development (CPD) Programme

Continuous Professional Development (CPD) refers to the process of continuously learning and developing professional skills and knowledge throughout their career. It involves activities that professionals undertake such as, workshops, seminars, conferences, and training sessions, both physical and online to maintain and enhance their expertise, stay current with industry trends, and adapt to changes in their field.

Objectives of the CPD Programme

- To develop Knowledge, Skills and Attitudes of the healthcare professionals in order to achieve safe and quality healthcare service delivery in Sri Lanka
- To generate National CPD points system for healthcare professionals with international standard that is recognized by the global healthcare system
- To facilitate by using the generated CPD points for financial incentives, scholarships, and career development
- To use the NCPD programme for annual appraisal and revalidation similar to developed countries.

Development of training centers for public health midwives

Sri Lanka aims to strengthen maternal and child health by training 1,000 midwifery students in 2024 through newly established Schools of Midwifery. These schools address the capacity limitations of Nurses Training Schools and mark a critical shift in midwifery education. This initiative underscores the need to align all stakeholders, including administrative, academic, and field staff, with the new training structure to ensure high-quality service delivery at the grassroots level.

Programme Learning Objectives for the PHM Training is as follows.

- To conduct a standard training programme for the enrolled students of the pre-service Midwifery Training programme students.
- To ensure the deliverance of a standard, evidence based training to the pre-service Midwifery Training programme students.



Special training programs conducted in 2024

1. Training programme for government procurement process for health staff with SLFI
2. Conducted 03 Radiation Protection Training Programme for 73 radiographers
3. Workshop on mentoship for Nursing Officers
4. Financial Regulations Training Programme (online) for Healthn staff with SLFI
5. Workshop on Supply chain Managment for 82 Supply Assistants
6. Conducted 10 Programmes on Anti-Microbial Stewardship programme (provincials) for about 1100 MOs, NOs, MLTs, Pharmacists with college of Microbiology
7. Ultra sound Scane Training programme for Medical Officers
8. Office Managment Training programme for Health Staff with SLFI
9. Programme on Essentials in Nursing Care colabaration with SC of Phycians NHSL Colombo, NH Kandy, DH Monaragala
10. Purchasing books for the library of NHSL, Family Health Bureau and ET&R Unit
11. Awareness training programme on right to initiative act for health staff

12.1.2. Directorate of Research

The Directorate of Research serves as the national focal point for health research in Sri Lanka. It plays a pivotal role in coordinating the activities of the National Health Research Council and the Research Management Committee of the Ministry of Health. The unit is responsible for developing the National Health Research Policy and Strategic Plan, establishing health research ethics guidelines, and identifying national health research priorities. It also conducts training on health research methodologies, facilitates the granting of administrative clearance for health research, and oversees the allocation of research allowances. Through these efforts, the unit ensures a structured and ethical approach to advancing health research in the country.

Actions taken in 2024

- Conducted a 3-days CPD-accredited hands-on training on research methodology for healthcare professionals under RDHS-Colombo, Kalutara, and Gampaha.
- Conducted CPD-accredited, case-based interactive training sessions for institutional Ethics Committee members at the Sri Lanka Foundation Institution.
- Initiated the identification of health research priorities through two stakeholder meetings and ongoing data collection from broader stakeholders.
- Held monthly Research Management Committee meetings to regulate the research allowance approval process.
- Conducted monthly National Health Research Council meetings to provide continuous technical guidance for health research.
- Processed a total of 71 health research allowance files during the year 2024. Altogether 23, 14 and 34, first six months, second six months and post publication were approved respectively.
- Received a total of 17 administrative clearances in 2024, of which 7 projects were granted full approval, while the remaining projects are currently under review.



Workshop on Identification of health research priority

12.1.3. Directorate of Nursing (Education)

The Directorate of Nursing Education is a specialized division under the Ministry of Health in Sri Lanka, responsible for overseeing and advancing nursing education and training across the country. It plays a vital role in ensuring the quality and consistency of nursing education in line with national healthcare goals and international standards.

The directorate formulates policies, develops curricula, and monitors nursing schools and training institutions to ensure they produce competent and professional nursing personnel. It also coordinates in-service training, continuing professional development, and capacity building initiatives to enhance the skills of existing nursing staff. By fostering excellence in nursing education, the Directorate contributes to strengthening Sri Lanka's health system and improving patient care outcomes nationwide.

Post basic training for nursing officers

Several categories of post basic training programmes carried out in 2024 for numbers of Nursing Officers recruited and most of them are completed the training.



Table 12.3 : Post basic training for nursing officers, 2024

Training programme	Duration	Number recruited	Number completed
Psychiatric Nursing Training	6 months	55	55
Teaching & Supervision	1 1/2 Year	-	-
Ward Management & Supervision	1 1/2 Year	-	-
Midwifery Training	6 months	386	-
Public Health Nursing Officer	1 1/2 Year	84	84
Public Health Nursing Sister	1 1/2 Year	-	-
Community Psychiatric Nursing	6 months	-	-
Intensive care Nursing	1 Year	149	-
Palliative Nursing	1 Year	-	-
Public Health Nursing Tutor	6 months	-	-

Source: Education, Training and Research Unit

12.1.4. National Institute of Health Science

The National Institute of Health Sciences (NIHS) remains the premier Public Health Training Institute under the Ministry of Health, Sri Lanka, dedicated to the training and development of human resources for the country's Primary Health Care (PHC) programme.

NIHS offers a wide array of basic, post-basic, and in-service training programmes, aligned with its mission to strengthen Sri Lanka's primary health care system. Beyond education and training, NIHS plays a critical role in providing primary health care services to approximately 330,000 residents within its field practice area. This region encompasses two Medical Officer of Health (MOH) areas, the only MOH divisions functioning directly under the Line Ministry of Health.

Additionally, NIHS delivers public health laboratory and clinical microbiology services, emphasizing quality, accuracy, and timely reporting to ensure the highest standard of service delivery.

Table 12.4: Key performance indicators, NIHS, 2023 - 2024

Key Performance indicators	Year	
	2023	2024
Number of basic training programs conducted	2	6
Number of In-service programs conducted	27	22
Dengue incidence	Kalutara	388
	Beruwala	243
	527	329
Number of maternal deaths	1	2
SMI coverage (%)	Kalutara	100
	Beruwala	100
	100	100
Well women coverage (35 years) (%)	62.3	61.9
Pap coverage (%)	53.8	53.4

Source: National Institute of Health Sciences (NIHS)

A milestone in midwifery education

A landmark event took place on 27th July 2024, with the inauguration of the first School of Midwifery at NIHS, Kalutara. The ceremony was officiated by the Honorable Secretary of Health, Sri Lanka, and graced by the Director General of Health Services alongside other distinguished officials from the Ministry of Health.

This development marks a significant stride in addressing the evolving needs of Reproductive, Maternal, Neonatal, Child, Adolescent, and Youth Health (RMNCAYH). The establishment of this school is not only an investment in the midwifery workforce but a profound commitment to safeguarding the health and future of the nation. Through this initiative, the NIHS ensures the availability of competent, well-trained Public Health Midwives (PHMs), thereby enhancing the quality and coverage of RMNCAYH services across the country.

Funding and Support

While the institute is primarily funded by the Ministry of Health, NIHS has also benefitted significantly from the contributions of international development partners. Key donor agencies such as the World Health Organization (WHO), World Bank, United Nations Population Fund (UNFPA), Asian Development Bank (ADB), and the World Bank have played a vital role in advancing the institute's training capabilities, infrastructure, and service quality.

Table 12.5: Performance of Food Quality Control Laboratory (Chemical), NIHS, 2023 - 2024

Key performance indicator	Year	
	2023	2024
Total number of sample received	7,981	7,988
Number unsatisfactory quality samples	896	746
Percentage unsatisfactory quality samples (%)	11.2	9.3
Number satisfactory quality samples	7,085	7,242
Percentage satisfactory quality samples (%)	88.7	90.6
Income generation (Rs.)	2,469,380	2,021,520

Source: National Institute of Health Sciences (NIHS)

Table 12.6: Performance of Service Laboratory, NIHS, 2023 - 2024

Number of sample tested	Year	
	2023	2024
Urine	10,778	10,914
Blood	6,861	6,399
CSF	484	587
Pus/HVS/Wound Swab	6,442	8,006
Sputum	3,091	2,643
Body Fluid	819	666
Others Swabs/Specimens/CVP TIP	34	80
Stool	92	94
PAP Smears	6,972	6,703
TB PCR (GENE XPRT)	1,847	1,727
CT/GC (Gene XPRT)	15	-

Source: National Institute of Health Sciences (NIHS)

Table 12.7: Performance of Food Microbiology Laboratory, NIHS, 2023 - 2024

Key performance indicator	Year	
	2023	2024
Water samples	1,720	1,513
Milk samples	1,107	727
Food samples	1,917	2,853
Income (Rs.)	1,452,600	1,093,800

Source: National Institute of Health Sciences (NIHS)

13. Management, Development and Planning

The Management, Development, and Planning functions of the Ministry of Health in Sri Lanka are central to the effective governance and long-term sustainability of the country's health system. Main objective of Management, Development and planning unit is strategic health sector planning and policy development, improving healthcare delivery and institutional strengthening for achieving universal health coverage, human resource allocation, and organizational development.

13.1. Deputy Director General (Planning)

The Management, Development and Planning unit is led by the Deputy Director General (Planning). The DDG Planning is responsible for health policy planning, resource management, and coordinating national health programs. This role ensures strategic decision-making based on data, supports international collaborations, and helps guide the country's health system development.

The DDG (Planning) oversees following directorates focusing on specific aspects of health management, development, and planning.

Directorates under DDG (Planning)

- Directorate of Planning
- Directorate of International Health
- Directorate of Organizational Development
- Directorate of Health Information
- Directorate of Finance Planning
- Directorate of Policy Analysis and Development

13.1.1. Directorate of Planning

Directorate of Planning is the central coordinating body of the Ministry of Health which executes planning, management, development, monitoring, and evaluation functions of the health care services.

Activities of the Planning Unit:

1. Preparation of Annual Action Plan and monitoring of quarterly progress of the Action Plan
2. Evaluation of new project proposals, submission of approved proposals to the Department of National Planning and obtaining necessary approvals including Cabinet approval for implementation
3. Hospital re-categorization and establishment of new Primary Medical Care Units
4. Preparation, translation, printing, and distribution of previous year performance by preparing Annual Performance Report (APR) of the Ministry and submission to the Parliament
5. Preparation of quarterly progress reports and submission to the Project Management and Monitoring Department

6. Submission of requests made for new cadre creation to the Department of Management Services
7. Preparation of bi - annual publication of Cadre Profile of line ministry institutions.
8. Focal Point for Sustainable Development Goal 3 (SDG 3) and monitoring the progress of SDG indicators.

Actions taken in 2024

- Printed and launched Health Planning Guide and published Health Cadre Norms
- Initiated the preparation of the list of medical equipment for DGH and TH with funding from WHO (excluding laboratory services)
- Launched Primary Health Sector Enhancement Project (PHSEP) funded by World Bank with the aim of strengthening Primary Health Care Institutions. Amount received under the loan agreement is US\$ 150 million.
- Initiated discussions to obtain a loan of US\$ 100 million from the Asian Development Bank to enhance facilities in Base hospital type A and type B.
- Obtained approval of Department of National Planning for the KOFFI project, which is scheduled for year 2026, at a total cost of US \$ 8.3 million. This grant, will focus on digitalization of the PMCIs in the Western province and provision of training facilities for healthcare staff.
- Upgraded TH Karapitiya and recategorized as National Hospital, Galle, signed amendment to the MoU on Extension of Cancer Unit of TH – Karapitiya (Colours of Courage) and continued the construction of ten-storied building at National Hospital – Galle.
- Base Hospital - Pottuvil was taken under the Line Ministry of Health and converted into an integrated healthcare Base Hospital with special care facilities

During 2024, a total of two healthcare institutions, were upgraded and re-categorized and two new PMCUs were established.

Table 13.1: Upgraded / New establishments of health care institutions, 2024

District	Name of the Hospital	Previous category of the Hospital	Upgraded category of the Hospital
Upgraded Institutions			
Puttalam	Divisional Hospital Wanathawilluv	PMCU	DHC
Kalutara	Base Hospital Aluthgama	PMCU	DHC
New establishments			
Gampaha	Primary Medical Care Unit – Rukmale		
Kurunegala	Medical Care Unit – Pansiyagama		

Source: Directorate of planning

13.1.2. Directorate of International Health

International Health Unit will be reformed as Global Health Diplomacy Bureau as per cabinet decision dated 05.08.2024, with the purpose of further enhancing global health diplomacy.

Actions taken in 2024

- Conducted workshops on Global Health Diplomacy (one 2-day program and one 1-day program).
- Prepared brief intervention for WHO World Health Assembly and WHO SEARC, Inputs for UNGA health related agenda Items.
- Facilitated provision of inputs/ comments/progress on requested Memorandums of understanding relating to Health by Ministry of Foreign Affairs.
- Conducted two WHO and one UNFPA/UNICEF monitoring and progress review meetings
- Conducted three proposal writing workshop for donor funded activities (Two days duration)
- Facilitated for visas and concurrences
- Represented Ministry of Health Sri Lanka at Global Health forum namely WHO 77th Session of the World Health Assembly and contributed to relevant areas
- Organized and implemented BIMSTEC Regional meeting under the BIMSTEC public health plan of action under the title: “Knowledge sharing on emerging infectious disease conditions and countries’ best practices in the BIMSTEC Region”
Meeting held on 24th June 2024 with the collaboration of World Bank, Sri Lanka

Table 13.2: Details of approved proposals by funding agency, 2024

Funding Source	Number of Proposals submitted	Value (Rs.)
WHO (2024-2025)	220	920,732,483
UNICEF	59	50,800,000
UNFPA	30	310,386,199

Source: Directorate of International Health

Actions to be taken in 2025

- Conducting workshops on Global Health Diplomacy
- Preparation and compilation of brief and intervention for WHO World Health Assembly and WHO SEARC for the year 2025
- Conducting WHO and UNFPA/UNICEF progress review meetings
- Conducting proposal writing workshops for donor funded activities.
- Facilitation of granting visas and Concurrences
- Representing the Ministry of Health Sri Lanka at Global Health forums
- Ensuring the development and advancement of the International Health Unit to a Global Health Diplomacy Bureau by enabling the following:
 - Facilitation of international global evidence analysis, and dissemination with the respective focal points
 - Exploring global health trends and identifying funds as grants to overcome those health challenges

- Promotion of global health diplomacy
- Assessment of the global health trends
- Development and maintenance of a repository/library of international health related documents of National importance, such as international regulations/ treaties that Sri Lanka has been a signatory, which are beneficial in defining national level policies and strategies in subject areas relevant to these documents, and WHO World Health Assembly and Southeast Asia Regional Committee related documents

13.1.3. Directorate of Organizational Development

Directorate of Organizational Development functions as the focal point to coordinate the health development network, update the organizational structure preparation of the job descriptions and working with the activities of Health Economic Cell of the Ministry of Health.

Actions taken in 2024

- **Coordinated National Health Development Network**

Health Development network*	Time schedule	Participants
HDC	once in every two months	Director General HS, Chief Financial Officers (I, II & III) DDGs, all the Directors of the MOH, PDHS, RDHS, all the program Directors and all the heads of the line ministry institutions.
NHDC	bi-annually	Hon. Minister, Deputy Minister, Secretary and official members of the meeting
NHC	once a year	Hon. Prime Minister, Hon. Minister, Deputy Minister, Secretary and official members of the meeting

**Health Development Network: Health Development Committee (HDC) meetings, National Health Development Committee (NHDC) meetings and National Health Council (NHC).*

- **Development of Organizational Structure**

Series of discussions with the higher officials were coordinated to revise the organogram of the Ministry of Health. A draft document is available and it will be finalized during the year 2025.

- **Development of job descriptions**

Conducted several meetings to prepare the Job description of Director/Primary Healthcare Services and MO (Mental Health). The job descriptions of institutional midwife and midwifery nurse is still underway. Finalized Job description has to be reviewed by Secretary, DGHS and relevant DDGs.

- **Conducted capacity building and trainer trainee program for health sector employees**

Conducted capacity building programs for MDPU staff on improving office management skills for utilizing the GOSL funds. In order to update the knowledge, attitudes, and efficiency of the staff towards the productivity.

Actions to be taken in 2025

- **Coordinating key activities under the Women, Peace and Security**

The Ministry of Health, through its Organization Development Unit, is coordinating key activities Hon. Minister, Deputy Minister, Secretary and official members of the meeting under the women, Peace and Security (WPS) National Action Plan 2024-2027. This includes training health staff and sensitizing state officers on gender sensitive care, trauma awareness and the rights of vulnerable groups. In addition, the Mental Health Unit is implementing a two-year programme to assess and address the psychosocial needs of women affected by conflict-related displacement. These efforts aim to strengthen inclusive, equitable and responsive healthcare and support services across all districts.

13.1.4. Directorate of Health Information

The Health Information Unit (HIU) of the Ministry of Health functions as the central hub for coordinating health information systems and digital health transformation in Sri Lanka. It plays a vital role in policy formulation, system implementation and technical support, capacity-building, follow-up and monitoring efforts aimed at strengthening the country's digital health ecosystem. By facilitating data-driven decision-making and ensuring interoperability across platforms, the HIU contributes to a more efficient, responsive, and integrated healthcare delivery system.

Actions taken in 2024

- **Implementation of the National Digital Health Blueprint (NDHB):**
Leading the development, deployment, and maintenance of the Digital Health Platform and its centralized components in line with the NDHB architecture.
- **Implementation and maintenance of Electronic Medical Record Systems in hospitals:**
Overseeing the rollout and ongoing support for HIMS and HHIMS in around 100 hospitals across the country. Open MRS-based cluster information system is currently being piloted in 31 clinical care institutions belonging to Dambadeniya and Thabuthegama clusters.
- **Infrastructure Development:**
Facilitating the establishment of digital health infrastructure in hospitals and other healthcare institutions to support seamless service delivery.
- **Centralized Health Data Center Operations:**
Maintaining a national cloud-based data centre hosting numerous digital health applications, enabling data consolidation, analytics, and testing of digital health innovations.

- **Digital Health Governance:**
Developing and updating policies, strategies, standards, and guidelines to ensure consistency, security, and interoperability across digital health solutions. Publication of the National Telemedicine Guidelines V1 was made as a circular following multi-stakeholder focus group discussions.
- **Software Inventory and Reuse Promotion:**
Maintaining a national registry of digital health tools and supporting software reuse through platforms such as the Digital Health Atlas.
- **Cybersecurity and Information Security:**
Implementing the national cybersecurity policy in collaboration with SLCERT and conducting regular assessments in state-sector health institutions.
- **Digital Communication:**
Managing and updating the Ministry's official public web portal to provide timely access to health-related announcements and updates.
- **Coordination and Technical Support:**
Serving as a coordination hub for digital health implementation, providing technical guidance and facilitating partnerships with other government ministries, private sector entities, and donor agencies.
- **The Diabetes Compass:**
It is a digital screening and follow-up application aimed at preventing non-communicable diseases, particularly diabetes. Developed with support from the World Diabetes Foundation and key local health partners, it was piloted in Kalutara district and used to screen adults for diabetes risk, refer high-risk individuals to Healthy Lifestyle Centres (HLCs).
- **Support to Ministry Directorates:**
Providing technical and operational support for various initiatives, including:
 - eIMMR
 - PACS/RIS Imaging Solutions
 - National Laboratory Information Systems
 - Document Management Systems in key health institutions
- **Engagement with Development Partners:** Coordinating digital health projects and funding support from partners such as the WHO, ADB, the Global Fund, and the Primary Healthcare System Strengthening Project.
- **Capacity Building, Academic Training and Research:** Serving as an affiliated training centre of the Postgraduate Institute of Medicine (PGIM), supporting postgraduate education and research in health informatics, Medical administration and Community Medicine. Also organising training and development programs for Ministry staff, healthcare professionals, and stakeholders in digital health transformation.

Actions to be taken in 2025

- Continue to expand infrastructure of 30 hospitals along with its human resources under the Global Fund HiQi programme. Also, the National electronic Health Record (NeHR) system will be implemented to record a lifelong record of the patient.
- Implementation of the Open MRS-based Hospital Health Information systems will be fully functional in two health clusters which include 31 hospitals belonging to two clusters.

Proposal for the Health Information Bureau (HIB)

The Health Information Bureau (HIB) is a proposed initiative by Sri Lanka's Ministry of Health to centralize the governance and coordination of digital health. Emerging from the existing Health Information Unit (HIU), the HIB will serve as the lead body overseeing legislation, policy, strategy, and interoperability in alignment with the National Digital Economy Strategy 2030 and the Digital Health Blueprint. It will evolve through a phased approach, expanding staffing and authority by integrating current health informatics professionals with newly recruited administrative, ICT, and technical experts under flexible, project-based contracts to drive innovation and effective digital health implementation.

13.1.5. Directorate of Finance Planning

Directorate of Finance Planning is the focal point under Management Development and Planning Unit responsible to assist the Deputy Director General (Planning) in monitoring the utilization of capital budget funded by local and foreign funds.

Key functions of the directorate include,

1. Preparation of annual capital budget estimate based on the approved activities, work and projects compiling the data gathered from all the relevant responsible officers.
2. Review of budget proposals for various activities such as training programs, purchasing of items under foreign funded projects.
3. Preparation of monthly financial progress reports on capital projects/ works to ensure effective utilization of capital budget allocation and conduct progress review meetings with the participation of relevant stakeholders.
4. Preparation of Performance and Progress Report with the coordination of all the line ministry institutions.
5. Coordinate and facilitate the introduction of costing mechanisms to relevant healthcare institutions.
6. Responding to audit queries/ reports related to Management Development and Planning Unit.

Each year, following the annual action plan, all line ministry institutions prepare their capital budget estimates. The Directorate of Finance Planning then gathers this information from the relevant institutions and finalizes the capital budget estimate of Ministry of Health.

Actions taken in 2024

- Monitoring the progress of capital activities of all institutions with collecting quarterly progress reports for all four quarters and prepare the capital financial progress report against the action plan.

Table 13.3: Summary of the capital budget activities, 2024

Description	Number of projects/ programs	Annual budget allocation Rs.(million)	Annual expenditure Rs.(million)	Financial progress (%)
Capital Programs				
Funded by GOSL	33	26,236.45	20,540.84	78.29
Funded by Foreign Grants	7	4,877.45	1,095.04	22.45
On Going Capital Projects				
Funded by GOSL	22	10,474.16	4,174.99	39.86
Funded by Foreign Grants	14	22,563.34	8,108.54	35.94
Budget Proposals - 2024	3	400	59.77	14.94
Grand Total	64,551.40	33,979.18	191.48	52.64

Source: Directorate of Finance Planning

Action to be taken in 2025

- Revision of General Circular 1822, payment of Honorarium/Per Diem/Lecture fees to Resource Persons, Participants, Lecturers, and others engaged in Meetings, Workshops, Training Programs, Conferences, Seminars, Surveys and Field visits under projects funded by Foreign Agencies.
- Evaluating budget proposals for various activities such as training programs, purchasing of items under foreign funded projects, directorate of finance planning received number of request to revise the above mentioned circular considering the market trends.

Table 13.4: Capital budget estimates, 2025

Description	Estimate (Rs. in thousand)
Rehabilitation and Improvement of Capital Assets	26,380,620
Buildings and Structures	13,214,240
Plant, Machinery and Equipment	12,876,000
Vehicles	290,380
Acquisition of Capital Assets	83,164,817
Vehicles	3,230,500
Furniture and Office Equipment	1,381,065
Plant, Machinery and Equipment	56,143,268
Buildings and Structures	21,761,387
Land and Land Improvements	4,000
Software Development	644,597
Capital Transfer	3,253,488
Public Institutions	3,243,488
Development Assistance	10,000
Capacity Building	2,977,770
Staff Training	2,977,770
Other Capital Expenditure	23,144,947
Procurement Preparedness	8,000
Infrastructure Development	612,000
Research and development	84,400
Other	10,248,547
Primary Healthcare Development (New Project)	12,192,000
Total Capital Expenditure	138,921,642

Source: Directorate of Finance Planning

13.1.6. Directorate of Policy Analysis and Development

The Directorate of Policy Analysis and Development (PA&D) provides technical guidance to health programs and other directorates, as well as health-related areas in other ministries and departments, to develop or update new policies according to the needs of the health sector.

Actions taken in 2024

- Prepared Healthcare Financing Policy 2024 and Strategic Framework in collaboration with WHO and other key stakeholders and submitted to the Department of National Planning, Ministry of Finance, Economic Stabilization, and National Policies for Cabinet approval.

- Provided technical guidance to Ministry of Health Directorates in developing national health policies:
 - Submitted the National Policy on Oral Health (2024–2030) and its action plan in September 2024.
 - Submitted the National Laboratory Policy (2024–2034) on Biosafety and Biosecurity.
 - Supported the development of policies on Palliative Care, Antimicrobial Resistance, Food Safety ,Use of Human Genetic Material and Data
- Contributed to the development of cross-sectoral policies:
 - Provided technical expertise for the National Policy Framework for Food and Nutrition Security, which received Cabinet approval.
- Developed the Organizational Results Framework in line with directives from the Department of Project Management and Monitoring, Ministry of Finance, Economic Stabilization, and National Policies and Received Cabinet approval for the framework.
- Introduced a digital dashboard for real-time visualization and monitoring of key health indicators to support:
 - Data-driven decision-making
 - Informed policy adjustments

Actions to be taken in 2025

- Development of the National Health Policy (2026-2035)
- Technical support for the development of National policies and Strategic Frameworks: on the Elimination of Human Deaths due to Rabies, Palliative Care Policy, National Policy for Combating Antimicrobial Resistance
- Implementation of the WHS+

14. Services for Prevention and Control of Non-Communicable Diseases

Non-Communicable Diseases (NCDs) pose a significant and growing challenge to public health in Sri Lanka, contributing to the majority of morbidity, mortality, and healthcare expenditure nationwide. The Directorate of Non-Communicable Diseases plays a central role in the national response to this burden by overseeing the planning, implementation, and monitoring of NCD prevention and control strategies.

This chapter provides an overview of the activities carried out under the Directorate during the reporting year, including policy implementation, screening programs, capacity-building initiatives, and health promotion campaigns targeting major NCDs such as cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases. It also includes data on service coverage, early detection efforts, and integration of NCD services into primary healthcare. The information presented supports evidence-based decision-making and strategic planning to strengthen the country's response to the NCD epidemic.

14.1. Deputy Director General (NCD)

The Deputy Director General (DDG) – Non-Communicable Diseases (NCD) in Ministry of Health holds a pivotal role in addressing the nation's growing burden of chronic diseases. This position is central to formulating strategies, coordinating programs, and overseeing initiatives aimed at preventing and controlling NCDs across the country.

Directorates and Programmes under the DDG (NCD)

Under the DDG – NCD, several key directorates and units operate to implement and manage NCD-related initiatives:

- Directorate of Non-Communicable Diseases
- National Mental Health Programme
- National Cancer Control Programme

Through these responsibilities and directorates, the DDG (NCD) plays a crucial role in steering Sri Lanka's efforts to mitigate the impact of non-communicable diseases and promote a healthier population.

14.1.1. Directorate of Non-Communicable Diseases

Directorate of Non-Communicable Diseases (NCD) implements and coordinates national policies and strategies, focuses on prevention, early detection, and management of NCDs through a comprehensive public health approach and plays a pivotal role in addressing the rising burden of non-communicable diseases. The NCD Directorate aims to enhance health promotion initiatives, improve healthcare services, and empower communities to adopt healthier lifestyles to reduce the

incidence and impact of NCDs, ultimately contributing to the overall improvement of population health in Sri Lanka. Through targeted programs and awareness campaigns, the NCD Directorate endeavors to create a healthier future for all Sri Lankans.

Actions taken in 2024

Directorate of Non-Communicable Diseases carried out many activities under the main four strategic areas identified in the multi-sectoral action plan for prevention and control of NCD. These activities were targeted across all levels of prevention.

1. Advocacy, partnership, and leadership

- NCD Council, Steering Committee for NCD and the National Advisory Board for NCD were held during the year of 2024.
- National Annual NCD review was conducted with the participation of the district MO NCD.
- A technical working group was held with the stakeholders from within the Ministry of Health, other Ministries, professional colleges, and non-governmental organisations on a multi-sectoral approach to planning implementing, monitoring, and evaluating tobacco prevention and cessation interventions and initiatives.
- The World Hypertension Day (17.05.2024) was commemorated by conducting blood pressure screening programme at the Colombo Fort Railway Station with the collaboration of the Department of Railways. Approximately 900 individuals were screened for hypertension and high blood sugar during the screening. Parallel to the main event at the Colombo Railway Station, hypertension screening programmes were conducted island-wide at other railway stations and public places by the district medical officers of NCDs.
- World No Tobacco Day was commemorated by the Directorate of NCD with the collaboration of multiple stakeholders from state and non-state sectors, civil societies, and non-governmental organizations. A parade from the Ministry Premises to Vihara Maha Devi Park was organized and a programme was conducted at the open-air theater comprising of interactive sessions by the Alcohol and Drug Information Center and street dramas. The Minister of Health and other distinguished invitees took part in the parade and the programme at the open-air theatre.
- The World Heart Day (September 29) was commemorated on the 30th of September 2024 with a screening programme for blood pressure, blood glucose and blood cholesterol at the Colombo Fort Railway Station for the railway passengers.
- For the World Diabetes Day commemoration Directorate of NCD joined with the Sri Lanka Diabetic Federation and Sri Lanka College of Endocrinologists.
- Cardiac Rehabilitation Guideline was developed by the Sri Lanka College of Cardiologists and the stakeholder meetings were facilitated by the Directorate of NCD.
- Facilitated the development of the establishment of Oxygen Clinics and Non Invasive Ventilator clinics in the country.
- Promotion of physical activity
 - Conducted an advocacy meeting for the education sector to implement the circular on promoting physical activity in schools.
 - Conducted two biannual technical working group meetings on promotion of physical activity.

- Palliative Care
Advocacy workshop on palliative care conducted for representatives of professional colleges, heads of selected hospitals and officials of Ministry of Health in partnership with National Cancer Control Programme and Asia Pacific Hospice and Palliative Care Network, to encourage establishing Palliative Care Consult Services at secondary and tertiary care institutions.

2. Health promotion and risk reduction

- A social media post to encourage participation for screening at HLCs was developed and shared through the official Facebook page.
- Promotion of physical activity
Awareness programmes conducted through electronic and print media on promotion of healthy physical activity.
Social media campaign to promote physical activity: fact sheets, social media posts through the official Facebook page and website and animated video clips focusing on promoting physical activity among school children.
- Palliative Care
Participated at media seminar to commemorate World Palliative Care Day
- Participated at media briefings to commemorate World Hypertension Day and Salt Awareness Week.
- Knowledge improvement programme on promotion of physical activity and healthy diet among diabetics was conducted to commemorate World Diabetes Day for district MOO NCD and PHNOO.

3. Interschool Quiz Competition on NCD

- The Directorate of NCD organized an Interschool Quiz Competition on NCD in collaboration with the Ministry of Education with the objective of promoting behavior change through improving awareness and sensitizing the public through this competition.
- Zonal-level quiz competition was held on the 31st of August, and 93 schools qualified for the district-level quiz. District-level and provincial-level quizzes were conducted on the 26th of October in the morning and afternoon respectively. 27 schools qualified for the provincial-level quiz and finally 9 schools, 1 school from each province qualifies for the semifinals.

4. Health system strengthening for early detection and management of NCDs and their risk factors

- Essential drug list for Non-Communicable Diseases 2024 was developed and circulated.
- Two MO NCD refresher trainings were conducted through zoom for the district MO NCDs
- A series of meetings were held both physically and on the Zoom platform for the Revision of the existing Management Guideline on Diabetes for Primary Health Care Providers at Primary Health Care Institutions. Alongside the Guideline, the Diabetes Management Protocol was also developed. These were developed by collaborating with the Clinical Professional Colleges.
- Training programme on advocacy methods and tool was conducted for district MOO NCD
- Improving NCD screening coverage
A circular was developed and distributed to all PDHS and RDHS on improving screening coverage. Implementation of this circular would facilitate client-friendly service hours/ days

for HLC services, expand screening services to include the working population and establishment of HLCs to serve 'difficult to reach populations' (Estate, urban under-served settlements).

Virtual training was conducted on how to conduct the national NCD screening programme at HLC level and HLC data management system for all HLC staff in a phased-out manner.

- Promotion of physical activity
Refresher training for district MOO NCD was conducted to strengthen implementation at district level.
- Palliative Care
 - Consultative meetings conducted with NCCP to identify roles and responsibilities of district MOO NCD in palliative care and to integrate palliative care for patients living with NCDs.
 - Circular on roles and responsibilities of district MOO NCD in palliative care was developed and circulated among all PDHS< RDHS and MOO NCD.
 - Online training programme conducted on introduction to palliative care for district MOO NCD.
 - Monthly return for Public Health Nursing Officers (PHNOO), Daily notebook and home based care record were developed and a circular was issued pertaining to strengthening PHNOO activities.
 - End of Life Care guidelines were revised in collaboration with the Task Force on Palliative and End of Life Care of the Sri Lanka Medical Association.
 - Formal referral mechanism for patients needing palliative care from secondary and tertiary care hospitals to community based care was developed.
 - Collaborated with the National Cancer Control Programme in conducting a review programme on Palliative Care Consult Services and development of a Information Management System.
 - Four consultative meetings were conducted with all relevant stakeholders to develop the National Policy on Palliative Care 2025-2030. Draft policy in English available.

5. Surveillance, monitoring, evaluation and research

- Supportive supervision visits of HLCs were conducted in collaboration with district teams of selected districts.
- National online review on promotion of physical activity was conducted in January 2024, where each district presented the achievements.
- National online review on promotion of healthy diet was conducted in June 2024.
- PHNOO performance monthly review for October was conducted in December 2024.

Prevention and management of Injuries

The Directorate of Non-Communicable Diseases (NCD) serves as the national focal point for injury prevention and management within the Ministry of Health, Sri Lanka. Collaborating with various directorates, ministries, departments, authorities, private sectors, and numerous Non-Governmental Organizations (NGOs), the Directorate of NCD has implemented a comprehensive national injury prevention and management programme.

The programme is structured around four strategic areas:

1. Advocacy, Partnership, and Leadership
2. Health Promotion and Risk Reduction
3. Post-Event Care and Capacity Building
4. Surveillance, Monitoring, Evaluation, and Research

These strategies address the following key priority areas: Road Safety, Water Safety, Animal Injury Prevention, Poison and Snake Bite Prevention, Home Safety, Workplace Safety, Child Safety, Elderly Safety, Post-Event Care, and National Injury Surveillance.

Strategic Area 1: Advocacy, Partnership, and Leadership

- Conducted the National Committee for Prevention of Injuries (NCPI) to advocate at the national level.
- Advocated to various ministries and departments, including Education, Agriculture, Fisheries, Tourism, Finance, Consumer Affairs, Provincial Ministries, and Urban Councils, on recognizing injury prevention and first aid as priority areas.
- Hosted advocacy meetings to introduce the Multi-Sectoral Action Plan (MSAP) on Injury Prevention to stakeholders from government, non-governmental, and regional health sectors (RDHS/PDHS).
- Established district-level Injury Prevention Steering Committees and Safe Community Steering Committees.
- Advocated for a mechanism requiring Medical Officer of Health (MOH) approval for building applications regarding safety in houses, preschools, play areas, and theme parks.
- Integrated injury prevention activities into the current Public Health Programme.



Strategic Area 2: Health Promotion and Risk Reduction

- Worked with the Injury Prevention Technical Working Groups (TWGs) in 10 thematic areas – 10 TWGs – One meeting per quarter.
- Raised public and stakeholder awareness of the Safe Community Programme and provided technical guidance to establish new safe communities.
- Finalized the Preschool and Daycare Center Safety Checklist.
- Contributed to national observance events, including:
 - National Injury Prevention Week (3rd to 7th July).
 - Global Road Safety Week (May 2024).
 - World Drowning Prevention Day (July 25, 2024).
 - National Poison Prevention Week (2nd week of October).
 - World Day of Remembrance for Road Traffic Victims.

- Developed guidelines for:
 - Roadside inspections for drug use among motorists.
 - Safety standards for swimming pools in Sri Lanka.
 - Preventing sports-related injuries during festivals.
- Initiated the creation of checklists for elderly care homes and developed national action plans on poison, snake bite, and animal bite prevention.
- Reviewed and promoted the Sri Lanka Drowning Status Report.

Strategic Area 3: Post-Event Care and Capacity Building

- Provided technical guidance for establishing first aid training teams at district and MOH levels.
- Developed a National Guideline on Basic First Aid and a National Curriculum on Basic First Aid.
- Conducted Training of Trainers (TOT) programmes for medical and public health personnel, including:
 - Provincial and district-level CCPs and District MONCDs.
 - Navy medical personnel, focusing on training fishing communities.
- Coordinated and facilitated training sessions on injury data management for provincial, district, and hospital staff.



Strategic Area 4: Surveillance, Monitoring, Evaluation, and Research

- Strengthened the National Injury Surveillance System (NISS).
- Established mechanisms for data-sharing on Road Traffic Accidents (RTAs).
- Conducted district, provincial, and national reviews of NISS performance.
- Organized the National Injury Surveillance System Review and Award Ceremony to recognize outstanding performance.
- Introduced injury death investigations and reviews for sentinel hospitals and all MOH-level facilities.

The Directorate of NCD, through its strategic initiatives and collaborative efforts, has made significant strides in reducing the burden of injuries in Sri Lanka. The progress achieved in 2024 reflects the collective commitment and coordinated actions of stakeholders across sectors. Moving forward, the programme aims to build on these achievements to further enhance injury prevention and management efforts nationwide.

14.1.2. National Mental Health Programme

Directorate of Mental Health is the National level focal point responsible for the National Mental Health Program of the Ministry of Health. The unit is responsible for policy development, strategic planning, strengthening of mental health services through improved infrastructure, human resources and monitoring and evaluation of National Mental Health Program.

Main objectives of the National Mental Health Program are

1. To strengthen the leadership, legislation, stewardship, research and management functions of the mental health services
2. To strengthen the delivery of comprehensive, socially and culturally acceptable mental health services and support in order to reduce the burden of mental disorders and promote mental health
3. To strengthen human resources, infrastructure and financing for mental health services
4. To empower communities in promoting their mental well-being and reducing stigma and discrimination

Action taken in 2024

World Mental Health Day 2024



Guideline for Organizations of Consumers of mental health Services and Careers



- A symposium was conducted at Sri Lanka Foundation Institute to commemorate the World Mental Health Day 2024 on the theme "It is time to Prioritize Mental Health in the Workplace".
- Training programs for health and education sector on mental wellbeing among school children
- Trainings on substance abuse prevention and management of patients presenting with substance abuse at district levels
- Capacity building of medical officers at primary medical care institutions on early detection
- Mental wellbeing programs for youth, adolescents and elderly
- Trained district level staff on establishment of community health centers
- Trained district level staff on suicide prevention action plan
- Advocacy programmes at district level on National Mental Health Policy and Action plan
- Training for post intern Medical Officers/Mental Health

- Capacity building/ In-service training for Medical Officers/Mental Health on child mental health
- Capacity building programme for health workers on management of epilepsy and other neurological disorders
- Capacity building programme for Consultant Psychiatrists on child mental health
- Conducted training of Trainers programme on 'Improving mental wellbeing of school children'
- Training on mental and psychosocial wellbeing for community leaders and multi stake holders
- Community empowerment programmes in community settings on mental health promotion
- Printed the Guideline for consumer and career societies
- Conducted mental health reviews and supervisions at district level

Actions to be taken in 2025

- Training of Trainers program on 'Improving mental wellbeing of school children'
- District mental health reviews with field supervision
- Training for Post Intern Medical Officers appointed as MO - Mental Health
- Training and refresher training on "1926 Mental Health Help Line"
- Conducting National Mental Health review meeting for MO-MH focal points
- Training of district level health staff on establishment of "Community Health Centers"
- Training of district level health staff on conducting "Psychological Autopsy Tool"
- Training of district level health staff on "Suicide Prevention Action Plan"
- Conducting advocacy on implementation of the "Mental Health Policy 2020-2030" and Action Plan at District level
- Conducting a pilot study on "De – institutionalization and transitioning from long stay services to community mental health networks"
- Training of media personnel on "Responsible Reporting of Suicides"

14.1.3. National Cancer Control Programme

The National Cancer Control Programme (NCCP) is responsible for formulating and implementing policies and strategies for cancer prevention and control in Sri Lanka. The programme aims to reduce cancer incidence, morbidity, and mortality while improving the quality of life of cancer patients and their families. The key strategies of the NCCP include primary prevention through health promotion and risk factor reduction (such as tobacco control and healthy lifestyle promotion), early detection via screening programmes (e.g., for breast, cervical, and oral cancers), timely diagnosis and access to treatment, provision of palliative care, and strengthening cancer surveillance through the National Cancer Registry.

14.2. Prevention and control of CKD/CKDu

The National Renal Disease Prevention and Research Unit (NRDPRU) was established in 2015. The unit is currently facilitating the prevention of Chronic Kidney Disease (CKD) / Chronic Kidney Disease unknown origin (CKDu) and the promotion of the community to have healthy kidneys from a young age.

The National Renal Disease Prevention and Research Unit is governed by the National Steering Committee chaired by the Secretary / Health with the participation of all relevant stakeholders; Addl. Secretary (Public Health Services), Ministry of Higher Education, Ministry of Water Supply, Ministry of Trade, National Secretariat for Persons with Disabilities, and representation from the Provincial Director of Health Services.

Actions taken in 2024

- Conducted community-based screening programmes for early detection of chronic kidney disease (CKD) – In 2024, 7923 persons have been screened for CKD by the NRDPRU, and 7.5 per cent (595) were referred as CKD, and 8.6 per cent (685) were referred for other medical conditions (Diabetes Mellitus, Hypertension and anemia).
Further, the District Nephrology units were supported with the necessary consumables and resources for CKD screening. There are eight mobile labs in CKDu highly endemic areas (RDHS Offices of Anuradhapura, Vavuniya, Kurunegala, Trincomalee, Ampara, Matale, Badulla, and New Renal Hospital, Polonnaruwa) to continue community-based CKD/CKDu screening. These mobile labs can also be used to conduct required investigations on any occasion, including COVID-19. The National Renal Disease Prevention and Research Unit provides annual allocations for the purchase of chemical reagents required for these mobile laboratories.
- Development of health education tools for community awareness.- All island public awareness was designed on the prevention of CKD and protecting kidney health. Six key messages were developed as stickers and distributed all the RDHS offices to be displayed in renal clinics and in three wheelers.
- Provision of safe drinking water
 - Coordinated the construction and maintenance of Community RO plants with technical support from the SL Navy. 79 new Community RO plants developed.
- Supporting CKD care
 - Supporting to conduct effective hemodialysis
Initiated construction of Medical Reverse Osmosis (MRO) plants at National Hospital, Colombo, and Teaching Hospital, Ratnapura, expanding the hemodialysis facilities.
 - Supporting to conduct peritoneal dialysis
Approximately 62 automated peritoneal dialysis (APD) patients and 872 continuous ambulatory peritoneal dialysis (CAPD) patients received care in 2024.
 - Supporting palliative care
Steps were taken to restart the functioning of Methsirisevana, in Anuradhapura District. Provision of accommodation facilities for CKD patients on hemodialysis was restarted which was stopped during the COVID era.

- Research - Collaborative research activities were conducted between the Kothalawala Defense University and the Chinese Academy of Sciences. Two abstract publications were done.
- Research dissemination symposium - Two research dissemination symposia were conducted in 2024 in collaboration with the Chinese Academy of Sciences.
- Supported CKD prevention activities through the National Kidney Fund
- Initiated the development of guidelines on the maintenance of hemodialysis units and for community screening on CKD.

Table 14.1: Number of persons screened for Chronic Kidney Disease in selected communities, 2022-2024

Year	No screened from the general population	No screened positive for CKD	Percentage referred
2022	3,239	198	6.11
2023	5,116	619	12.2
2024	7,923	595	7.5
Total	16,278	1,412	8.7

Source: National Renal Disease Prevention and Research Unit

Actions to be taken in 2025

1. Complete and implement the guidelines on maintenance of hemodialysis units and for conduction of screening on CKD/CKDu.
2. Develop the “Renal Health Policy” in collaboration with the Policy Unit.
3. Develop and implement the Renal Registry.
4. Formulate a Research Steering Committee on CKD/CKDu.
5. Work in collaboration with the Ministry of Urban Development, Construction and Housing in reaching for a sustainable and equitable safe water supply to people.



Health promotion programme



Research Dissemination Symposium on CKD/CKDu

15. Laboratory Services

The Laboratory Services of the Ministry of Health provides support for promotive, preventive, curative, and rehabilitative care services through government health sector laboratories. Laboratory Services are provided under-five main specialties - Histopathology, Chemical Pathology, Hematology, Microbiology, and Transfusion Medicine by the government sector hospitals.

15.1. Deputy Director General (Laboratory Services)

The Deputy Director General (Laboratory Services) (DDG-LS) is responsible for policy formulation concerning the National Laboratory System and gives technical guidance to all the government sector laboratories with the Directorate of Laboratory Services. Although private sector laboratories are regulated by the Private Health Services Regulatory Council, the Laboratory Services unit provides them with technical guidance.

In addition, the Deputy Director General of Laboratory Services is functioning as the National focal point for combating Antimicrobial Resistance and the National Laboratory Biosafety and Biosecurity in the country.

Directorates and units under DDG (Laboratory Services)

The DDG (LS) oversees several specialized directorates and units that focus on various aspects of laboratory services:

- Directorate of Laboratory Services
- National Blood Transfusion Service
- Medical Research Institute

These directorates and units work collaboratively under the guidance of the DDG (LS) to implement comprehensive laboratory strategies across Sri Lanka.

15.1.1. Directorate of Laboratory Services

Key functions of Directorates of LS are as follows.

1. Strengthen and regulate laboratory services in government line ministry hospitals and special campaigns.
2. Expansion and strengthening of laboratory services in provincial health institutions
3. Provide allocations for purchasing equipment for laboratories
4. Provide funding for the proper maintenance of laboratory equipment
5. Support disease prevention, control, and surveillance through the provision of diagnostic services
6. Develop Policies relevant to laboratory services
7. Strengthen laboratory capacity by conducting staff training

8. Provide guidance to the staff of all government and private health laboratories on new developments
9. Strengthen partnerships, communication, and coordination with stakeholders relevant to laboratory services
10. Improve of Biosafety and Biosecurity in the Laboratory Sector
11. Carry out a SWOT analysis on the laboratory sector to prepare a strategic plan to develop the sector to cater to the existing or new challenges, including emergency response to Laboratory Services
12. Strengthen laboratory testing to combat antimicrobial resistance in the country.

Laboratory guidelines for rational use of laboratory investigations (2024) classified five levels of laboratories (I- V) according to the level of institution.

Table 15.1: Categorization of Laboratories according to institutions

Level of laboratory	Institution	Service provided
Level V	National referral laboratories (MRI)	National reference center for special investigations.
Level IV - A	National Hospitals, Teaching Hospitals, and Specialized Hospitals	Hematological, biochemical, histopathological, and microbiological investigations, including virological, immunological, and hormonal assays.
Level IV - B	District General Hospitals	Hematological, biochemical, histopathological, and microbiological investigations, including hormonal assays.
Level III - A	Base Hospital - A	Hematological, biochemical, histopathological, and microbiological investigations. (Pathological investigations are done based on the service need and the availability of resources)
Level III - B	Base Hospital – B	Hematological and biochemical investigations.
Level II	Divisional Hospital A, B, C	Basic hematological and biochemical investigations.
Level I	PMCU	Blood sugar and serum cholesterol levels using point-of-care devices.

Source: Laboratory Services Division

Actions taken in 2024

- **Conducted laboratory investigations through Mobile Labs**

Mobile labs provide investigation services mainly focusing on the NCD screen. The mobile lab routinely provides services to the Healthy Lifestyle Clinic attached to Primary Medical Care Units in the Gamapaha district. It also rendered its services to various clinics organized as Corporate Social Responsibility (CSR) projects by various organizers.

The lab initially conducted 55,320 NCD screening tests in 2020, shifted to 23,769 antigen tests in 2021, and provided both antigen and NCD tests in 2022. With the decline of the pandemic, services returned to routine screening, reaching 57,978 tests in 2023 and 67,637 in 2024.

Table 15.2: Number of laboratories by type of hospital, 2023

Type of Hospital	Hospitals	Laboratories
National hospital	2	2
Teaching/ Special hospital	19	19
Specialized hospital	13	9
DGH	20	20
BHA	37	35
BHB	45	45
DHA	68	55
DHB	148	86
DHC	275	39
PMCU	543	5

Source: Laboratory Services Division

Financial Management of the Laboratory Services

Table 15.3 presents last three-year overview of financial allocations for the acquisition of laboratory equipment and maintenance in health institutions.

Table 15.3: Financial allocations for equipment purchasing and maintenance, 2019-2024

Activity		2022	2023	2024
Equipment purchasing (Rs. Mn.)	Allocations provided	471	200	380
	Allocations Released	471	25	380
Equipment maintenance & servicing (Rs. Mn.)	Allocations provided	40	200	200
	Allocations Released	6.87	20.2	31.9

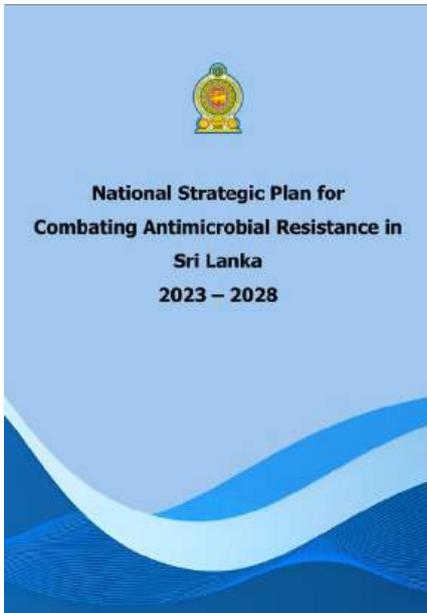
Source: Laboratory Services Division

- **Guided combating Anti-Microbial Resistance (AMR) in Sri Lanka**

Antimicrobial resistance (AMR) threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses, and fungi. AMR is one of the significant global public health threats faced by humanity. There are about 700,000 deaths taking place globally each year due to drug-resistant diseases, and if prompt action is not taken to mitigate this trend, millions of deaths and prolonged illnesses will be inevitable in the future.

The Secretary of Health serves as the chairperson of NAC-AMR, while the Director General of Health Services, the Director General of Animal Production and Health, and the Director General of Agriculture serve as co-chairs. The Deputy Director General of Laboratory Services (DDG-LS) is the Focal Point of National AMR for Sri Lanka.

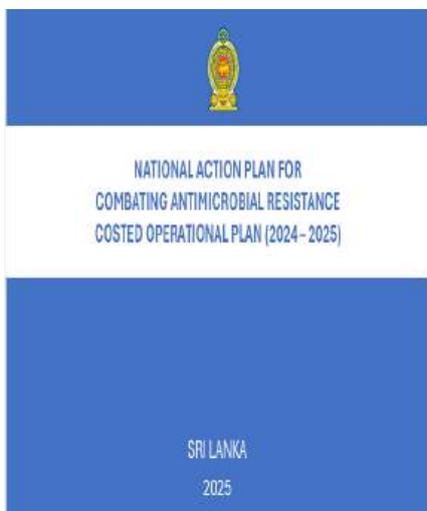
- **Reviewed the National Strategic Plan (NSP) for combating AMR 2017- 2022 and developed a revised National Strategic Plan for combating AMR 2023- 2028**



In 2017, Sri Lanka formulated its National Strategic Plan (NSP) on Antimicrobial Resistance (AMR), aligning it with the Global Action Plan. Subsequently, the nation has embarked on a concerted effort to combat AMR through collaborative efforts across multiple sectors, adopting a "One Health" approach.

Between April and September 2023, a sequence of review meetings took place involving various stakeholders, leading to the formulation of a comprehensive report. Following this, the National Strategic Plan (NSP) for combating AMR 2023-2028 was developed, launched in April 2024. Two years of prioritized activities were proposed, and a costed operational plan was also developed and handed over to the WHO for printing.

- **Costed Operational Plan 2024-2025 of National Strategic Plan for Combating Antimicrobial Resistance 2023 – 2028**



With the support of the WHO, the costing for the 2-year (2024/2025) operational plan of the National Strategic Plan for Combating Antimicrobial Resistance 2023 – 2028 meetings was conducted. During these meetings, all the One Health partners participated. The final document was also handed over to the WHO for printing.

- **Given technical Support to implement NSP 2023-2028 activities**

Technical Support Groups were appointed for each strategy to ensure focused and expert guidance. Separate meetings are conducted for each strategy, allowing for detailed discussion, planning, and execution. Furthermore, specific activities aligned with each strategy are systematically implemented under the support of the respective Technical Support Group.

- **Develop National Policy for combating AMR**

Members of the Technical Support Group for governance under One Health prepared the National Policy for combating AMR, which has to be published for public opinion.

AMR is increasingly affecting the health care system in Sri Lanka, and misuse and overuse of antimicrobials are the key drivers of this. During the implementation of the national action plan for combating AMR, the Red Light antimicrobial circular was introduced in 2016 and primarily operated in government hospitals with consultant microbiologists.

- **AWaRe circular**

WHO recommends categorizing the essential antimicrobials used in the country into Access, Watch, and Reserve groups, adopting the AWaRe classification, which was developed in 2017 by the WHO Expert Committee on the selection and use of essential medicines as a tool to support antibiotic stewardship efforts at local, national, and global levels. This classification considers the impact of different antimicrobials on antimicrobial resistance, emphasizing the importance of their appropriate use. The Ministry of Health, Sri Lanka, has adopted this classification and published the AWaRe circular in April 2024.

- **WAAW - National Event and parallel awareness ToT programmes for MoHs.**

The Ministry of Health expected to spread awareness of AMR among the public through hospitals, the Medical Officer of Health office, and all media.

The Ministry of Health, along with the Sri Lanka College of Microbiologists and WHO, coordinated several activities for AMR WAAW 2024.

- Training of Trainers programme for Medical Officers of Health in all 9 provinces on Antimicrobial Resistance to commemorate World Antimicrobial Resistance Awareness Week – 2024.
- Inter-faculty quiz competition on AMR awareness for medical students.
The Inter Medical Faculty Quiz - regarding World Antimicrobial Resistance Awareness Week (WAAW) 2024, which was organized by the Sri Lanka College of Microbiologists (SLCM) in collaboration with the Ministry of Health, was successfully held. The quiz was centrally conducted by the SLCM Office. Student teams from eleven medical faculties contested from their respective faculty premises in real-time.
- Inter faculty short video competition for university students
A short video competition was organized among students from the faculties of Medicine, Dental Sciences, Veterinary Medicine, Nursing, Allied Health Sciences, and Agriculture on the theme of “Preventing Antimicrobial Resistance together with the One Health concept”
- Facilitating awareness programmes among paramedical students
- Walk with healthcare workers to raise public awareness
- Public awareness programmes on television channels and radio channels

- **AMR surveillance activities**

The “National Antimicrobial Resistance Surveillance System for Human Health Sector” was prepared with the teamwork of members of the Technical Support Group for Surveillance, and hard copies are issued to sentinel site hospitals. The soft copy was published on the Ministry of Health website.

‘WHONET’ software is the tool used for data collection, aggregation, and analysis of data for the Antimicrobial Resistance Surveillance Programme. Hands-on training programmes on WHONET software were conducted with physical and virtual participation for 117 healthcare staff of 22 hospitals during 2023. The proposal for organizing WHONET training all over the country was sent to WHO.

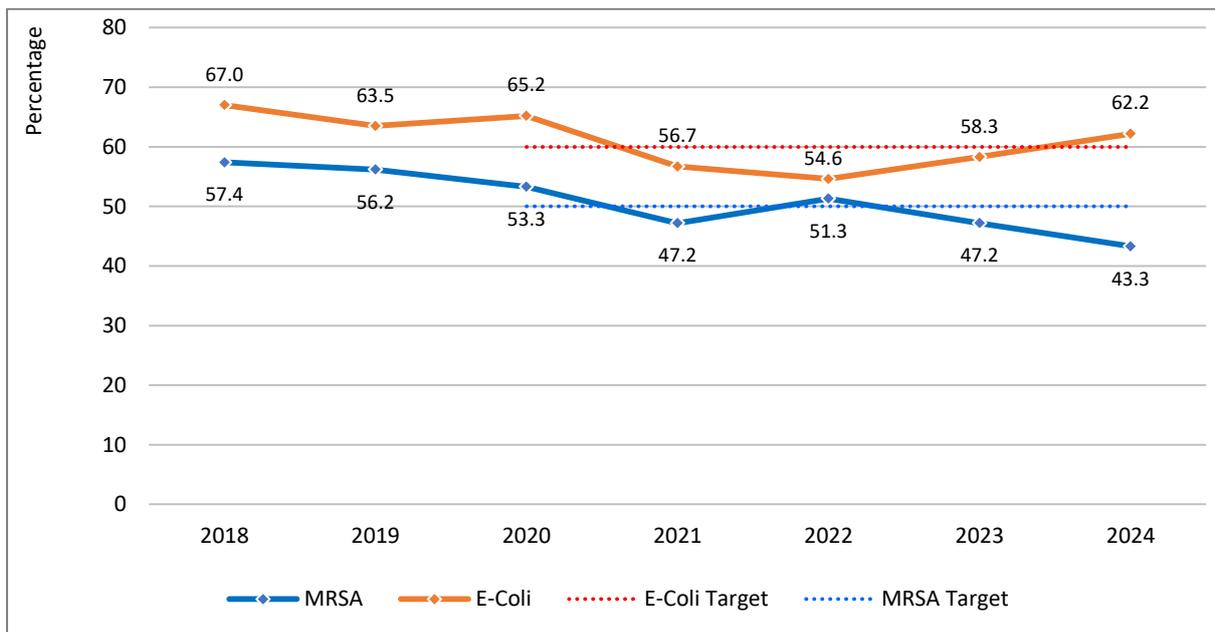


Figure 15.1: Bloodstream infections due to selected antimicrobial-resistant organisms, 2018–2024 (SDG Indicator 3.d.2)

Source: Laboratory Services Division

- **AMR Stewardship**

The overuse and misuse of antimicrobials are the most important contributing factors to Antimicrobial Resistance. Under the antimicrobial stewardship programme, the antimicrobial prescription chart is implemented.

Implementing the antimicrobial prescription chart is a crucial first step in promoting responsible antibiotic use across hospitals. With the guidance of a consultant microbiologist, this chart serves as a practical tool to optimize antibiotic prescribing practices. By outlining appropriate antimicrobial choices based on microbiological data and resistance patterns, it aims to enhance treatment efficacy while minimizing resistance development. As a first phase, it is planned to distribute 3,500,000 copies in 2024, where consultant microbiologists are in place, with plans to print 4,700,000 annually thereafter.

- **Antimicrobial Stewardship Guideline**

This initiative underscores a commitment to combating antimicrobial resistance and improving patient outcomes through the Antimicrobial Stewardship guideline. The Antimicrobial Stewardship guideline was published on the Ministry of Health website.

ToT workshops regarding implementation of Antimicrobial Stewardship programmes in hospitals also were held by the focal point.

- **Developed the National Laboratory Policy on Biosafety and Biosecurity**

The Government of Sri Lanka has identified the importance of ensuring biosafety and biosecurity in the human, animal, plant, and environmental sectors. DDG/LS is the national focal point for biosafety and biosecurity at the Ministry of Health. There is a National Advisory Committee on Biosafety and Biosecurity responsible for overall guidance and implementation of legislation. This committee commenced developing a National Laboratory Policy on Biosafety and Biosecurity in 2019. Initially halted due to increased workload amid the COVID-19 crisis, the initiative was reactivated in September 2022. A working group operating under the One Health concept was established. All the policy documents were sent to the Cabinet for approval in 2024. This process involved collaboration with the National Advisory Committee on Biosafety & Biosecurity members and other experts, facilitated by the Ministry of Health's Policy Unit.

- **Conducted Infectious Substances Shipping Training (ISST) Programme**

In response to a request made by the Ministry of Health, a “Training of Trainers on Safe Transport of Infectious Substances” was organized by the World Health Organization head office in October 2024. This initiative prepared 48 healthcare professionals with the essential knowledge and skills to train others across the country.

- **Commenced Laboratory Information Management System**

The Ministry of Health in Sri Lanka has set up a Steering Committee (SC) and a Technical Working Group (TWG) for the National Laboratory Information Management System (NLIMS). To date, 11 TWG meetings have taken place, where various options for NLIMS have been discussed. These meetings have also included knowledge-sharing sessions focused on Laboratory Information Management Systems (LIMS).

Initially, scope documents were created by the College of Microbiology, Chemical Pathology, Histopathology and Hematology. These individual scope documents were subsequently consolidated into a unified scope document for NLIMS.

- **Prepared Guideline on Rational Use of Laboratory Investigations**

Laboratory investigations have become an integral part of modern-day health care practice. Providing laboratory investigations incurs an extreme burden on the health care budget, and to

minimize the wastage and reduce the cost, a circular guideline was published in 2024 (General Circular letter No. 2 – 118/2024).

This guideline was formulated through an expert group comprising representatives from the respective colleges and ministry officials, where the basic investigations to be performed at each level of hospitals, the level of prescriptions for investigations, and investigations that should be available during after-hours (night) labs were defined.

- **Introduced DHIS2 digital platform to the Laboratory Databases and Laboratory Equipment Request.**

The Directorate of Laboratory Services obtains data from state hospital laboratories via two databases: 1. Equipment Database, 2. Performance Databases. The equipment database captures the inventoried laboratory equipment in hospitals, whereas the performance database provides information on the facilities available in hospital laboratories and the laboratory-wise aggregation of tests performed.

DHIS2 digital platform is introduced under the part of the WHO 2024 -2025 biennium programme. Training for the staff of DDG - Laboratory Services, Directorate of Laboratory Services, and MRI was conducted, and end-user training and piloting of the programme are planned for 2025. And it is planned to collect the data from two databases and also incorporate the equipment request system using the DHIS2 platform from 2025.

15.1.2. National Blood Transfusion Service

National Blood Transfusion Service (NBTS), Sri Lanka is a centrally coordinated, specialized campaign of the Ministry of Health, Nutrition and Indigenous Medicines. It carries the national responsibility of the supply of blood and blood products to all government hospitals and all of private sector hospitals. There are 110 Hospital Based Blood Banks and two standalone Blood Centers affiliated to 24 cluster centers depending on the geographic distribution.

National Blood Transfusion Service Designated as a World Health Organization (WHO) collaborating center for Transfusion Medicine.

The World Health Organization (WHO) often engages in scientific and technical work in cooperation with other institutions which act as expertise centers for the designated specialties. WHO designates institutions as collaborating centers (WHO CCs), when they have been cooperating effectively with WHO for years, in assisting WHO to implement its mandated work.

There are about 800 institutions designated as WHOCCs worldwide. However, in the field of Blood Transfusion Services, there are only about 13 centers. National Blood Transfusion Service, Sri Lanka is the second collaborating center for SEARO in the field of Blood Transfusion Service.

This designation recognizes the history of collaboration with WHO and provides a formal frame work for future joint activities. Period of designation has commenced on 7th September 2018 for four years duration and extended it in 2026 for another 2 years.

Table 15.4: Number of voluntary blood collection and rate, 2013 – 2024

Year	Voluntary blood collection	Rate (per 1000 population)
2013	380,808	19
2014	380,367	18
2015	395,500	19
2016	414,175	20
2017	423,668	20
2018	450,640	21
2019	444,515	21
2020	397,833	19
2021	385,054	18
2022	414,227	20
2023	466,061	21
2024	451,623	21

Source: Laboratory Services Division

National Blood Transfusion Service maintains the 100 per cent voluntary non-remunerated blood donor base in centrally coordinated system. Annual blood collection reached 21 units per 1000 population. This is an indicator for self-sufficiency of blood.

Number of HIV confirmed positive donors is rising. Pre-donor education programs need to be strengthened and NAT testing to be established.

Table 15.5: Prevalence of transfusion transmitted infections, 2018-2024

Year	2018	2019	2020	2021	2022	2023	2024
Total Collection	450,640	444,515	397,833	385,054	414,227	466,061	451,623
HIV (scr.+ve)	797	694	533	422	1196	1327	1285
HIV (Conf. +ve)	29	44	34	56	60	71	90
Prevalence (%)	0.01	0.01	0.01	0.01	0.01	0.02	0.02
Hepatitis B (rpt. +ve)	513	528	252	751	221	208	180
Prevalence (%)	0.11	0.12	0.06	0.20	0.05	0.04	0.04
Hepatitis C (rpt. +ve)	898	804	613	495	354	449	449
Prevalence (%)	0.20	0.18	0.15	0.13	0.08	0.10	0.10
VDRL +ve	1577	1344	960	1496	2296	1398	1254
Prevalence (%)	0.35	0.30	0.24	0.39	0.54	0.30	0.28
TPPA +ve	107	119	96	153	143	211	159
Prevalence (%)	0.02	0.03	0.02	0.04	0.03	0.05	0.28
MP +ve	0	0	0	1	0	0	0
Prevalence (%)	0	0	0	0	0	0	0

Note: (Scr.+ve) - Screening positive; (conf.+ve) – confirmed positive; (rpt.+ve) – repeat positive; MP- Malaria parasites; VDRL – Venereal Disease Research Laboratory ; TPPA- Treponemapallidum particle agglutination

Source: National Blood Transfusion Service

At the moment in government sector HLA Testing is carried out in National Blood Centre and Blood Bank-National Hospital Kandy.

Table 15.6 : HLA Laboratory Statistics,2024 (at NBC)

HLA molecular typing and PRA	Number of tests
HLA Typing by rSSO	
Renal - Patient	1,175
Renal - Donor	705
BMT - Patient	108
BMT - Donor	313
AP Donors	46
Platelet Refractoriness patients	37
Cadaveric Donor	41
B57 / B51	666
B27	
Luminex PRA and Antibody Identification	
Renal	1,829
Platelet Refractoriness patients	31
Others	37
HLA Serology typing & compatibility testing	Number of tests
By CDC Method	
Class I Typing by CDC	-
B27	229
B57	93
B51	30
B15 / Others	2
Cadaveric Cross match	116
Compatibility Tests (with cadaveric)	752

Source: National Blood Transfusion Service

Actions taken in 2024

- Continued the collection of whole blood from 100 per cent voluntary non-remunerated blood donors.
- Introduced blood re-grouping practice to all island blood banks to minimize major transfusion
- Reactions related to ABO incompatible blood transfusions.
- Achieved annual RCC discard rate of 0.23 per cent through regular stock management meetings and establishing NBTS blood stock management committee.
- Strengthened the digitalized data receiving systems of the National Blood Transfusion Service through timely and prompt updates and advancements.
 - e.g. Adverse Transfusion Reaction Reporting System, Near-Miss Events Reporting System, Zero Reporting System of the National Haemovigilance System and Monthly Statistics Reporting System
- As WHO CC developed Thalassemia prevention and control plan for 10 years for the Maldives

- Continuation of the ERASMUS Project
- Initiation of TTI EQAS Program for SEARO region
- Achieving AABB Certification for Accreditation
- Developed Stem Cell Donor Registry, Software, Web Page, and Initiated Donor Recruitment
- Consultation services for the development of transfusion service south East Asian region
- Registration as a National CPD Provider
- Successful Completion of exporting excess Plasma for Fractionation
- Successfully completion of donor felicitation program

Actions to be taken in 2025

- Maintaining the collection of whole blood from 100 per cent voluntary non-remunerated blood donors and increase in house donations up to 40 per cent.
- Strengthening peripheral stem cell donor registry.
- To obtain ISO/GMP and AABB accreditations to National blood center laboratories and sections.
- Continuation of ERASMUS Project
- WHO Collaboration Activities
- TTI EQAS for South East Asian countries with collaboration with WHO and NRL Australia
- Strengthening of Stem cell transplantation by introducing stem cell donor registry
- Expansion of BBMS and validate
- Develop a SMS system for donors to remind the next date of donation, inform when the donated pack is issued to a patient and to wish the donor on their birthday
- Hospital based teaching programmes related to haemovigilance/ bed side transfusion practices.
- Acquire ISO certificate to TTI Lab
- Encourage in house donations
- Develop a modular type training programme for private sector Blood bank staff which will cover whole syllabus in one year in 5-6 days modules.
- Establish the simulation laboratory
- Introduce platelet immunology to NBTS
- Introduction of research program and conduct 100 researchers per year
- Production of LISS solution
- Establishment of sample Bank to facilitate EQUAS Programme
- Continuation of Stem Cell Donation
- Strengthening of Document Archiving
- Update NBTS Guidelines
- Update Standards of NBTS
- Conducting National Donor Felicitation Programme
- Standardization Process for Peripheral Blood Banks Based on AABB Standards
- Implementing Patient Blood Management
- Strengthening Plasma Fractionation Programme
- Establishment of rare donor registry

15.1.3. Medical Research Institute (MRI)

The Medical Research Institute (MRI) of Sri Lanka, established in 1900 as the "Soysa Bacteriological Institute," stands as the nation's premier center for biomedical and applied health research. Located in Colombo, MRI operates under the Ministry of Health and serves as the national reference laboratory, providing specialized diagnostic services to hospitals across the country. Its research spans diverse fields, including virology, bacteriology, parasitology, nutrition, and molecular biology. Beyond research, MRI plays a pivotal role in training healthcare professionals and has achieved international accreditation for its laboratory services, underscoring its commitment to advancing public health in Sri Lanka.

The Medical Research Institute (MRI) of Sri Lanka has several core objectives focused on public health, diagnostics, and research. These include:

1. Conducting Medical and Scientific Research – To generate evidence-based knowledge in biomedical and public health fields.
2. Providing Specialized Laboratory Services – Acting as the national reference laboratory for diseases and diagnostics.
3. Supporting Disease Surveillance and Outbreak Investigations – Assisting the Ministry of Health in managing infectious disease outbreaks.
4. Developing and Standardizing Diagnostic Techniques – Improving and validating diagnostic methods for national use.
5. Training and Capacity Building – Educating medical laboratory professionals, researchers, and public health personnel.
6. Collaborating with Local and International Bodies – Promoting partnerships to enhance research and laboratory standards.
7. Improving Public Health Policy – Using research findings to inform national health strategies and interventions.

The Medical Research Institute (MRI) of Sri Lanka comprises 18 specialized departments and units, each dedicated to advancing biomedical research, diagnostics, and public health services.

(1) Department of Clinical Bacteriology

The Clinical Bacteriology Laboratory (clinical microbiology and molecular biology, National Reference Laboratory (NRL) for leptospirosis and Quality Control laboratory) is the premier microbiology laboratory for the diagnosis of bacterial infectious diseases. It serves as the NRL in clinical microbiology and antimicrobial resistance (AMR) surveillance.

The department firmly believes quality as the basis of healthcare excellence. It is the sole accredited microbiology laboratory in the government sector which demonstrate the laboratory's ability to execute bacteriological examinations in clinical microbiology, molecular biology and serology to meet international standards and it serve as the Proficiency Testing Provider of the National External Quality Assessment Scheme [NEQAS] in Clinical Microbiology and conduct NEQAS for public and private sector microbiology laboratories island wide to improve the quality of microbiology reports.

Further, these departments in MRI engage in medical research and serve as the main training center for Postgraduate Diploma in Medical Microbiology and School of Medical Technology conducted by Postgraduate Institute of Medicine and Ministry of Healthcare respectively.

Actions taken in 2024

- The Clinical Bacteriology Laboratory, the sole government-owned microbiology laboratory continued the accreditation ISO 15189 programme, with the updated version, for almost all microbiological investigations in clinical bacteriology, serology and molecular biology performed in the laboratory.
- Participation in international EQA programs: The Clinical Bacteriology Laboratory participates annually in 8 surveys conducted by recognized international EQA programmes from 3 countries (India, Denmark and Australia) to ensure quality and reliability of our test results in clinical microbiology and molecular biology.
- Promote medical research among laboratory staff and trainees.
- Majority (>90%) of microbiology laboratories in the NEQAS laboratory network, participated in all 3 surveys in 2024, interestingly participation rate of the 101st survey was 98 per cent. This highlights the positive engagement of the participants in our programme. The NEQAS marked the 100th distribution cycle (survey) in 2024.

Actions to be taken in 2025

- To ensure continuity of the quality management system in the Clinical Bacteriology Laboratory
- To ensure purchase of economical and technologically advanced equipment such as MALDI-TOF, WGS through the approved grants (Pandemic fund and Fleming Fund) for accurate identification of microorganisms to mitigate antimicrobial resistance in the country
- To cover 100 per cent participation of the public sector microbiology laboratories in NEQAS and to expand the services to microbiology laboratories in other sectors
- To promote collaborative medical research

(2) Department of Biochemistry

Department of Biochemistry, MRI is the reference laboratory for many biochemical tests that are not available in other government hospitals in Sri Lanka. In addition, it conducts National External Quality Assessment program in Biochemistry for the government hospital laboratories. It conducts the Newborn screening program for congenital hypothyroidism for four provinces - Western, Northern, North-western and North central. It contributes to the field of research as well.

Actions taken in 2024

- Conducted the National EQA program
- Conducted the Newborn screening program for congenital hypothyroidism
- Done Special tests (tests only available at MRI)

Biochemistry test	
Ceruloplasmin	556
Alpha 1 antitrypsin	9
Acetyl choline esterase	36
Immunoassay test	
SHBG	39
DHEAS	290
Anti TPO	481
IGF 1	1370
Vitamin B12	902

- Recruited of new analyzers (ELISA) for 17-OHP analysis
- Participated in EQA programs
- Conducted research projects and submitted conference papers

Actions to be taken in 2025

- Accreditation of the biochemistry laboratory
- Expanding and improving the National EQA program
 - Developing a software system to the EQA program
 - Including all the base hospitals in the National EQA program in Biochemistry
 - Conducting EQA workshop for participants
- Research Projects to be conducted
 - A Prospective Study to Optimize the Cut-off Value for Neonatal TSH for babies born in four provinces of Sri Lanka
 - Association of serum uric acid levels in early pregnancy and subsequent gestational diabetes mellites
 - A Prospective Cohort Study to Establish the Optimum Cutoff Value for Serum Uric Acid at 20 Weeks of Gestation, for Early Detection of Mothers at risk of Developing Pre-eclampsia.
- Initiation of new tests
 - Fecal calprotectin
 - Trace metal analysis

(3) Department of Haematology

The department of Haematology is the main centre in Sri Lanka for the diagnosis of bleeding disorders including von Willebrand disease, clotting factor deficiencies, platelet function disorders. It serves as the main centre for immunophenotyping for chronic leukaemia and lymphoma. It is the diagnostic centre for paroxysmal nocturnal haemoglobinuria (PNH) as well. Also, it is the main centre for thalassaemia diagnosis.

The department of Haematology serves as the Proficiency Testing Provider of the National External Quality Assessment Scheme [NEQAS] in Haematology. It conducts NEQAS for

government sector Haematology laboratories island wide to improve the quality of their reports and further, engages in medical research and serve as a training center for Postgraduate Diploma in Haematology and School of Medical Technology conducted by Postgraduate Institute of Medicine and Ministry of Health respectively.

In NEQAS program, there are 137 participant laboratories. Four surveys are conducted each year to assess 13 parameters such as FBC parameters, blood picture, coagulation tests and retic count.

Actions taken in 2024

- Expanded services with molecular genetic methods for haematological malignancies (FISH method for chronic myeloid leukaemia, myelodysplastic syndrome).
- Published an article and two poster presentations at AHAD-AP international conference held in Bangalore.

Action to be taken in 2025

- Expansion of diagnostic facilities for haematological malignancies, such as multiple myeloma, myelodysplastic syndrome.

(4) Department of Pathology, Electron microscopy, Cytogenetic and quality control.

The Department of Pathology is dedicated to advancing healthcare through cutting-edge medical research and innovative diagnostic solutions. Within its specialized divisions, including Electron Microscopy, Cytogenetic, and Quality Control, the department plays a vital role in shaping the future of medicine. It is committed to providing timely, comprehensive, and high-quality laboratory testing, which serves as the cornerstone for precise diagnosis and tailored treatment or management of various disease entities.

Actions taken in 2024

- Expanded immunofluorescence (IF) testing range
- Expanded Immunohistochemistry (IHC) test range
- Expanded Renal Transplant rejection markers testing
- Commenced of BK virus testing for renal transplant tissue biopsies for the first time in the country.
- Established Cytogenetic testing for cancer (Fluorescent Insitu Hybridization testing for cancer markers).
- Included of private laboratories to the National quality assurance program in Pathology

Actions to be taken in 2025

- To ensure continuity of the quality management system in all private and government sector Histopathology Laboratory and to evaluate by Internal audit
- To purchase economical, advanced technical equipment such as Digital slide scanner for further expansion of National External Quality Assurance Scheme in pathology

- To expand to cover 100% participation of the public sector Histopathology laboratories and to increase the participation of histopathology laboratories in the private sector
- Acquisition of ISO accreditation for the Quality Assurance Program
- Acquisition of ISO accreditation for the Pathology testing laboratory
- Commencement of molecular genetic testing for cancer
- Further expansion of Immunofluorescence (IF) testing range
- Further expansion of Immunohistochemistry (IHC) test range
- Promoting collaborative medical research
- purchase a new transmission electron microscope for ultra-structural diagnosis

(5) Department of Immunology

The Department of Immunology at MRI is the only unit dedicated to immunology in Sri Lanka. The department plays a pivotal role in diagnosing and managing inborn errors in immunity (IEI). In addition, the department evaluates patients with allergies. Skin tests for the diagnosis of food, drug, vaccine and aeroallergens are conducted in the Lady Ridgeway Hospital (LRH), National Hospital of Sri Lanka and other closely situated hospitals depending on where the patients are referred from. The laboratory offers a wide range of investigations for the diagnosis of IEI, allergies and various autoimmune conditions.

Actions taken in 2024

- Published of 2 research articles in international peer reviewed journals
- Established of skin test clinic for diagnosis of allergies at the LRH
- Taken Initial steps for the establishment of a cell culture laboratory to establish diagnosis for autoimmune encephalitis

Actions to be taken in 2025

- Take further steps to establish cell-based assays for the diagnosis of autoimmune encephalitis, starting with neuromyelitis optica spectrum disorders.
- Expanding allergy diagnosis services for the adults in 2025.

(6) Department of Laboratory Animal Sciences

Department of Laboratory Animal Science is the only laboratory in Sri Lanka that breeds the internationally designated laboratory animal-species and issues them to different universities and other research organizations for research and diagnostic purposes. Further, this department issues sheep and rabbit blood for laboratory media preparation, coagulase tests and other special investigations for government and private sector hospitals, universities and other research organizations.

It promotes alternatives to laboratory animal research, introducing a zebrafish colony at the Animal centre, MRI and train research students to use the zebrafish embryo model as an alternative technique to use laboratory animals and issue adult, juvenile and zebrafish eggs to different universities in the country for their research requirements.

As a key responsibility it trains undergraduate and postgraduate research students from government and private sector universities in the country to carry out animal experiments according to the 3R concept (Reduction, Refinement and Replacement). Furthermore, it Produces laboratory animal feed required to-maintain the laboratory animal colonies in the facility and carry out animal experiments collaborating with other departments in the MRI and government universities.

Actions taken in 2024

- Conducted MRI research project under the theme of Genetic variations among morphologically different populations in Sri Lanka and presented an abstract on morphometric measurements, and optimization of PCR conditions targeting the mitochondrial Cytochrome Oxidase 1 (CO1) gene of *Dania rerio*.
- Presented several publications and abstracts at the scientific sessions of the national and international conferences in 2024.

Actions to be taken in 2025

- Started the project on the retrospective and prospective analysis of *Carvia porcellus* (Hartley guinea pig) records spanning for thirty years at the animal centre, MRI of Sri Lanka, to identify the colony performances and their association with genetic composition

(7) Department of Nutrition

Department of Nutrition, MRI conducted several intervention programmes to implement nutrition status of children through provision of nutrient supplements containing micronutrients as public health strategy. Targeted interventions reviewed the criteria considering usefulness of nutrient supplements need to improve nutritional status of malnourished children to achieve the expected benefits of the nutrient and food supplementation programmes. RUTF interventions are necessary to improve nutritional status of malnourish children with special nutrition requirements, findings from previous studies

Actions taken in 2024

- Conducted and completed the study “Feasibility assessment of local production of ready to use therapeutic food to treat severely malnourished children in Sri Lanka”. A cross-over trial was conducted among 95 children aged 3–5 years from two preschools in Colombo and Jaffna, ensuring multicultural representation.
- Published abstract on
 - Iodine Loss in Iodized Salt, Is It True? A Study on Factors Affecting Loss of Iodine from Iodized Salt (Inaugural Research Symposium, Sri Lanka College of State Scientists (SLCSS), 2024)

- Physicochemical and Nutritional Characterization of Nutrient Rich Snack Bar Formulated with Cucurbita moschata and Local Ingredients for School Children (Proceedings of the 2nd International Conference on Frontiers in Chemical Technology, June 2024)
- Development of Fish-Based Ready-To-Use Therapeutic Food to Prevent Malnutrition among Sri Lankan Young Population (Proceedings of the 2nd International Conference on Frontiers in Chemical Technology, June 2024)

Actions to be taken in 2025

- Impact assessment; Provision of Fortified Rice to School children in Sri Lanka
- Conduct effectiveness study of locally produced ready-to-use therapeutic food to treat severely malnourished (SAM) children in Sri Lanka
- Formulation and Evaluation of a Ready-to-Use Therapeutic Food incorporating Sri Lankan Indigenous Medicinal foods for the Management of Non-Alcoholic Fatty Liver Disease (NAFLD)
- Determination of knowledge and perception on seaweeds among the general population in selected coastal areas and Food Science and Technology university students in Sri Lanka and comparison of composition and bioactivities of different edible seaweeds.
- Developments of nondairy coconut milk ice cream using underutilized fruits in Sri Lanka and evaluate its sensory, physico-chemical, proximate and functional properties.
- Extraction and characterization of protein from yellow fin Tuna fish and development of high protein snack product.

There are several other departments, each contributing to the MRI's mission of advancing public health through research, diagnostics, and education.

16. Oral Health Services

In Sri Lanka, oral health services are delivered through both the government and private sectors. Government services are provided free of charge at the point of delivery, covering a wide spectrum of care from basic dental treatment at primary care hospitals to advanced specialized services at tertiary care institutions. The private sector primarily contributes through general dental practitioners, while universities, the tri-forces, the police, and non-governmental organizations also extend services to their members and families through well-established oral health programs.

16.1. Deputy Director General (Dental Services)

The Deputy Director General of Dental Services (DDG/DS) functions as the national focal point for oral health within the Ministry of Health. The DDG/DS provides technical leadership, guidance, and coordination to ensure effective and equitable delivery of oral healthcare across the country.

Directorates and units under the DDG (Oral Health)

- Directorate of Dental Services

The DDG (Dental Services) collaborates closely with several key institutions involved in oral health activities under the Ministry of Health, including the Institute of Oral Health - Maharagama, the Oral Health Units of the Family Health Bureau and the Health Promotion Bureau and the Oral Health Unit of the National Cancer Control Programme. This collaboration ensures a coordinated approach to promoting oral health and integrating services into national health programmes. Directorate of Dental Services and other oral health units work collaboratively under the guidance of the DDG (Oral Health) to implement comprehensive oral health strategies across Sri Lanka

16.1.1. Directorate of Dental Services

The Directorate of Dental Services is the central authority responsible for the planning, coordination, and supervision of oral health services throughout the country. It provides technical guidance and policy direction to ensure the effective delivery of preventive, promotive, curative, and rehabilitative dental care through the national health system. The Directorate also plays a key role in developing oral health strategies, maintaining service standards, and integrating oral health into broader public health programmes.

Public sector oral health services are organized into two key components

- **Curative Care Services**
Delivered through an extensive network of hospitals, ranging from non-specialized dental services at the primary care level to advanced specialized care at tertiary hospitals.
- **Preventive Care Services**
Delivered through a strong infrastructure of Specialized Preventive Clinics, Lateral Campaigns, Hospital Dental Clinics, School Dental Clinics (SDCs), Adolescent Dental Clinics

(ADCs), and Community Dental Clinics (CDCs), focusing on prevention, early detection, and health promotion.

At the provincial level, 30 Regional Dental Surgeons play a pivotal role in coordinating oral health activities through the offices of the Regional Directors of Health Services (RDHS). They serve as the critical link between provincial and central levels, ensuring smooth integration and effective implementation of oral health programs nationwide.

Oral Health Services

Primary Care Services

The integration of oral healthcare into the primary healthcare package represents a landmark achievement in Sri Lanka's path towards Universal Health Coverage, highlighting the recognition of oral health as an essential component of overall wellbeing. At present, 709 out of 1,123 Primary Medical Care Institutions (PMCI) are equipped with functional oral health units, staffed by qualified dental surgeons who provide a wide-ranging package of promotive, preventive, curative, and referral services.

The primary oral healthcare package places strong emphasis on health promotion, encompassing lifestyle and habit interventions, oral hygiene instruction, and dietary counseling aimed at empowering individuals to adopt sustainable healthy practices. Preventive services are equally robust, focusing on counseling to reduce high-risk behaviors such as betel chewing, smoking, alcohol consumption, and areca nut use, while also ensuring the identification and referral of individuals at risk. Regular screening is carried out for early detection of oral potentially malignant disorders (OPMDs), dental caries and other oral health disease conditions. Special attention is given to vulnerable groups, with antenatal mothers routinely screened for oral diseases, and preventive interventions such as fluoride applications and fissure sealants being widely practiced.

Curative services provided at the primary level are comprehensive, ranging from urgent management of oral pain, infections, and trauma to the early treatment of dental caries and provision of simple restorations. Advanced interventions such as root canal therapy, management of pulp-exposed teeth in children, surgical removal of impacted teeth, and early periodontal disease management through scaling are also carried out where facilities permit. Furthermore, removable prostheses are provided to restore function and aesthetics, thereby improving the quality of life of patients.

A strong referral mechanism underpins the system, ensuring that suspicious or complicated cases are directed to Oral and Maxillofacial Units or higher-level specialist centers for advanced care. In PMCI without resident dental surgeons, preventive activities and oral examinations are undertaken by primary care teams, with appropriate referrals made when necessary.

Table 16.1: Number of patients managed by General Dental Clinics, 2023

Description	Number of Patients
Total number of patients treated	4,055,967
Total number OPMD cases identified	8,806
Total number pregnant mothers managed	204,063
Total number of under 3 years children managed	57,962
Total number of Adolescents (13-19 years) managed	342,039

Source: Oral Health Unit

School Dental Services

School Dental Clinics (SDCs) and Adolescent Dental Clinics (ADCs) form the backbone of preventive oral healthcare services delivered to school-aged children in Sri Lanka. Strategically located within school premises, these clinics primarily focus on early prevention, health promotion, and timely intervention. In 2023, a total of 361 School Dental Therapists (SDTs) served across 443 SDCs, providing care to children aged 3 to 13 years, while 39 fully functional ADCs catered to adolescents over 13 years of age. Importantly, the services of ADCs extend beyond schoolchildren to include pregnant mothers, thereby broadening their contribution to community oral health.

School Dental Therapists provide a wide spectrum of services, with their primary focus being schoolchildren. In addition, they extend care to preschool children and pregnant mothers, recognizing these groups as critical for early intervention. In schools with fewer than 200 students, SDTs provide comprehensive oral healthcare for all pupils, while in schools with larger student populations, services are prioritized for children in Grades 1, 4, and 7. Their services include oral health education, health promotion, dietary counseling, routine oral health screening, provision of simple restorations, and preventive interventions such as fluoride varnish applications and fissure sealants. Where necessary, children requiring advanced treatment are promptly referred for specialized care.

This network operates under a structured supervision system to ensure quality and consistency. Technical guidance is provided by Supervising School Dental Therapists (SSDTs) and the Regional Dental Surgeons (RDSs) within each Regional Directorate of Health Services (RDHS) area, while administrative oversight is maintained by the Medical Officers of Health (MOHs) at the divisional level.

Mobile Dental Services

In the pursuit of Universal Health Coverage, Sri Lanka has extended oral healthcare to marginalized and underserved populations through the implementation of Mobile Dental Services. These services are designed to bridge gaps in accessibility and ensure that essential dental care reaches individuals who might otherwise be excluded, including institutionalized communities like orphanages, elders' homes and prisons.

Mobile dental units, fully equipped and mounted on vehicles, are available in almost every district and function under the supervision of the respective Regional Dental Surgeons. In addition, a special mobile dental unit operates under the Ministry of Health, with the capacity to be deployed to various regions across the country according to need. Beyond district-level services, major metropolitan institutions such as the National Dental Hospital, Sri Lanka, and the Institute of Oral

Health, Maharagama also maintain mobile dental units to serve densely populated urban communities.

Specialized services

Specialized oral healthcare services form a vital component of Sri Lanka’s health system, providing advanced diagnostic, preventive, and therapeutic care beyond the scope of routine dental practice. The five principal specialties recognized within the country are Oral and Maxillofacial Surgery, Restorative Dentistry, Orthodontics, Oral Pathology, and Community Dentistry.

As of 2024, a total of 96 dental consultants in these specialties were serving under the Ministry of Health, stationed at Teaching Hospitals, Provincial General Hospitals, District General Hospitals, and Base Hospitals. These consultants ensure that specialized care is accessible across different tiers of the healthcare system, while also contributing to training, supervision, and capacity building within the dental profession.

Table 16.2: Distribution of Consultants in Sri Lanka, 2024

Affiliation	Consultant (OMF)	Consultant (RD)	Consultant (O)	Consultant (CD)	Consultant (OP)	Total
Ministry of Health and Mass Media	37	19	29	9	2	96
Ministry of Defense	2	3	2	1	0	8
Faculties of Dental Sciences (Professor/Senior lecturer /Lecturer)	9	15	4	3	4	35
Total	48	37	35	13	6	139

Source: Oral Health Unit

Functions of Oral and Maxillofacial units

Oral and Maxillofacial Surgery (OMFS) is a highly specialized surgical discipline dedicated to the diagnosis and management of diseases, injuries, and conditions affecting the mouth, jaws, face, and neck. The scope of the specialty is wide-ranging, addressing complex clinical needs from dento-alveolar surgery and implantology to congenital anomalies, head and neck trauma, oral cancers, and advanced reconstructive procedures.

Within OMFS units, both minor and major surgical procedures are undertaken under local and general anaesthesia. Routine chairside interventions performed under local anaesthesia include complicated dental extractions, removal of impacted third molars, exposure of impacted teeth for orthodontic purposes, management of dento-alveolar fractures, pre-prosthetic surgeries, frenectomies, soft tissue trauma management, biopsies, and incision and drainage of orofacial infections. More complex procedures requiring general anaesthesia are carried out in operating theatres, covering a wide spectrum of surgical care.

Oral and Maxillofacial (OMF) surgeons in Sri Lanka provide advanced care for a wide spectrum of maxillofacial conditions, including the management of nearly all facial bone fractures such as

complex orbital fractures. In 2023, the specialty shouldered a significant trauma burden, managing 5,709 facial bone fractures, 3,714 cases of dento-alveolar trauma, and 17,889 soft tissue injuries, all treated using surgical protocols aligned with international best practices.

Beyond trauma, OMF surgeons play a pivotal role in head and neck oncology. Their responsibilities span the entire continuum of care, including diagnosis, staging, participation in multidisciplinary tumor boards, surgical resection, and reconstruction through loco-regional flaps and advanced free tissue transfer techniques, followed by long-term surveillance. In 2023, the specialty recorded 1,655 newly diagnosed head and neck cancer cases, performed 1,695 surgical interventions, and facilitated 1,144 oncology referrals, underscoring its indispensable role in comprehensive cancer care nationwide. In addition, OMF surgeons routinely perform orthognathic surgeries, such as osteotomies, osteodistractions, and condylar shaving, to correct dentofacial deformities, thereby restoring both function and facial aesthetics.

The specialty’s scope further extends to the management of odontogenic cysts and tumors, with reconstruction using bone grafts or virtual surgical planning for extensive cases. Surgical treatment of salivary gland pathologies, such as submandibular gland excision, calculus removal, and parotid surgery, is a well-established area of OMFS expertise. Congenital and developmental anomalies of the head and neck, including cleft lip and palate, hemifacial microsomia, and craniofacial malformations, are also corrected by OMFS teams. In addition, aesthetic procedures such as scar revision, rhinoplasty, auriculoplasty, and facelifts are carried out in OMFS units, further demonstrating the specialty’s breadth.

Another distinctive domain is the medical and surgical management of temporomandibular joint (TMJ) disorders. Interventions include condylectomy, arthrocentesis, and advanced virtual TMJ reconstructions, reflecting the specialty’s adoption of cutting-edge technology.

OMF services are currently available in all National and Teaching Hospitals, General Hospitals, and several Base Hospitals across the country. The specialty also works in close collaboration with other surgical disciplines including ENT, ophthalmology, oculoplastic surgery, and neurosurgery ensuring holistic and comprehensive care for patients with complex maxillofacial conditions.

Table 16.3: Number of patients managed by OMFS clinics, 2023

Description	Number
Total number of patients treated	301,275
Inward patients managed	34,604
First visit patients	139,065
Subsequent visit patients	162,210
Medico-legal cases managed	8,266

Source: Oral Health Unit

Functions of Orthodontics Units

Orthodontics, the specialty dedicated to facial growth, occlusal development, and the prevention and correction of malocclusion, holds a vital place in oral healthcare. Globally, malocclusion ranks as the third most prevalent oral health condition, according to the World Health Organization.

Beyond its clinical implications, malocclusion can significantly affect dento-facial aesthetics and psychosocial self-confidence, underscoring the importance of timely and effective orthodontic care.

Sri Lanka has seen a steady increase in both young and adult patients seeking orthodontic treatment within the public sector. Currently, 25-30 orthodontists serve under the Ministry of Health and Mass Media across all nine provinces, with coverage in nearly every district except Mullaitivu, Trincomalee, Monaragala, and Mannar. General dental practitioners serve as the first point of identification for malocclusion, referring patients to orthodontic units where specialists design customized treatment plans aimed at achieving functional efficiency and aesthetic harmony.

In 2023, orthodontic services reported significant achievements across all treatment modalities. A total of 9,070 removable appliances were newly delivered, with 3,216 patients successfully completing treatment. Within fixed appliance therapy, 10,178 new cases were bonded, while 1,960 patients completed treatment, reflecting the long-term nature and complexity of care. Functional appliance therapy also contributed substantially, with 4,159 new appliances delivered and 1,095 treatments brought to completion. Furthermore, the specialty played a pivotal role in multidisciplinary care, with 4,348 patients with cleft lip and palate receiving comprehensive management. Once active orthodontic treatment is commenced the patient is monitored at the clinic on a monthly basis until the active treatment is over. Retainers are used to maintain the achieved results and to prevent relapse.

Early detection and timely intervention remain key aspects of orthodontic care, allowing clinicians to correct malocclusion before it progresses into more severe conditions. Beyond routine management, orthodontists contribute significantly to multidisciplinary rehabilitation, addressing hypodontia, craniofacial anomalies, and complex jaw deformities in collaboration with other dental and surgical specialties. Through this extensive scope of services, orthodontics in Sri Lanka continues to play a transformative role in enhancing oral function, improving aesthetics, and uplifting the psychosocial well-being of patients across the nation.

Table 16.4: Number of patients managed by Orthodontic clinics, 2023

Description	Number
Total number of patients treated	515,585
First visit patients	73,501
Subsequent visit patients	442,084

Source: Oral Health Unit

Functions of Restorative Dentistry

Restorative Dentistry is a highly specialized field in Sri Lanka, focusing on the diagnosis and integrated management of diseases affecting teeth, tooth-supporting structures, and related oral tissues—ensuring not only functional oral health but also psychological and aesthetic well-being. Recognized as a dental subspecialty in 1997, the discipline has steadily grown over the past 27 years, with nearly 37 specialists currently serving in state hospitals, the Ministry of Defence, and Faculties of Dental Sciences at the Universities of Peradeniya and Sri Jayewardenepura. The specialty encompasses Operative Dentistry, Endodontics, Fixed and Removable Prosthodontics (including Maxillofacial Prosthodontics), Periodontics, Pedodontics, and Implantology.

Restorative Dentistry Units are strategically established in major state hospitals across the country focusing on tertiary care hospitals. These units provide highly complex care beyond the scope of general dental practice, including rehabilitation following maxillofacial oncology treatment, multidisciplinary management of developmental anomalies, post-traumatic rehabilitation, prosthetic management of edentulous and partially dentate patients, advanced periodontal care, and pediatric oral disease management. In addition to specialized patient care, these units play a crucial role in disease prevention and capacity building by training postgraduate and diploma-level trainees in collaboration with the Postgraduate Institute of Medicine, as well as mentoring intern dental house officers annually.

Service delivery in 2023 reflects the breadth and impact of this specialty. A total of 79,298 direct restorations were provided, comprising 28,489 temporary restorations, 26,101 glass ionomer restorations, and 24,708 composite restorations. Endodontic care included 5,614 pulp therapies for deciduous teeth and 15,882 completed root canal treatments. Additionally, Restorative Dentistry units managed 10,759 new cases of traumatized teeth, further underscoring their central role in preserving natural dentition and improving quality of life through advanced restorative care.

Table 16.5: Number of patients managed by Restorative Dentistry clinics, 2023

Description	Number
Total number of patients treated	185,887
First visit patients	69,511
Subsequent visit patients	116,376

Source: Oral Health Unit

Functions of Community Dentistry

Community Dentistry is the branch of dentistry dedicated to safeguarding the oral health of populations rather than individuals. It is defined as the science and art of preventing oral diseases, promoting oral health, and enhancing quality of life through the organized efforts of society. Firmly rooted in the principles of public health, this specialty encompasses a broad spectrum of responsibilities, including prevention, disease management, policy formulation, planning, implementation, and evaluation of community-based oral health services.

In Sri Lanka, consultants in Community Dentistry play pivotal roles across key national health institutions such as the Health Promotion Bureau, Family Health Bureau, National Cancer Control

Programme, and the National Institute of Health Sciences, Kalutara. They also contribute through specialized preventive units including the Preventive Oral Health Unit at the National Dental Hospital (Teaching) Sri Lanka and Institut of Oral Health- Maharagama, the Research and Surveillance Unit, and the Training Unit at the Institute of Oral Health, Maharagama. At the provincial level, their expertise supports the Offices of the Provincial Directors of Health Services in the Sabaragamuwa and Western Provinces, while others serve as academic leaders in universities.

The specialty has been at the forefront of pioneering national oral health programmes. These include the oral healthcare programme for pregnant mothers, the prevention and management of early childhood caries initiative, the school-based fissure sealant programme (“Save the Molar” programme), and school based fluoride application programme and a national programme for the prevention and early detection of oral potentially malignant disorders and oral cancers. A recent landmark achievement is the completion of drafting the National Oral Health Policy for Sri Lanka, which sets the strategic direction for future oral health promotion and disease prevention efforts.

Specialists in Community Dentistry also bring advanced competencies in oral health research and surveillance, equipping them to generate evidence that drives national-level decisions. Their expertise has enabled the successful conduct of four consecutive National Oral Health Surveys, with the fifth survey currently in progress. These surveys remain the cornerstone of evidence-based policymaking in oral health.

Table 16.6: Number of patients managed by Preventive Oral Health clinics, 2023

Description	Number
Total number of patients treated	18,824
First visit patients	4,516
Subsequent visit patients	14,308

Source: Oral Health Unit

Functions of Oral Pathology

Oral Pathology is a highly specialized discipline of dentistry that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial region. The specialty plays a critical role in bridging clinical dentistry and laboratory-based diagnostics, with services ranging from histopathological examination and cytological investigations to advanced molecular diagnostics that guide patient care. Oral pathologists are also central to research, education, and the development of guidelines that strengthen oral health services across the country.

In Sri Lanka, Oral Pathology services within the government health sector are primarily provided through two dedicated centers located at the National Dental Hospital (Teaching), Colombo, and the National Hospital, Karapitiya. Beyond the state sector, oral pathology expertise is also concentrated in academia, with specialists serving at the Faculty of Dental Sciences, University of Peradeniya, and the Faculty of Dental Sciences, University of Sri Jayewardenepura, where they contribute significantly to both diagnostic services and undergraduate and postgraduate training. Recognizing the need to expand access to specialized oral pathology services for underserved populations, plans are underway to establish a new unit at the Teaching Hospital, Anuradhapura. This development

aims to extend diagnostic and specialist care to communities in the Northern and North Central regions of the country, thereby ensuring more equitable access to oral pathology expertise.

Through its diagnostic, academic, and research functions, Oral Pathology continues to provide an indispensable foundation for accurate diagnosis, effective treatment planning, and improved oral healthcare outcomes in Sri Lanka.

16.2. National Level Special Preventive Oral Health Care Units

16.2.1. Oral Cancer Prevention and Control Unit - National Cancer Control Programme

Oral Cancer Prevention and Control Unit of the National Cancer Control Programme (NCCP) stands as a focal point in oral potentially Malignant Disorders (OPMD) and oral cancer prevention, early detection and improves diagnostic services in Sri Lanka.

Actions taken in 2024

- In 2024, oral cancer prevention and control unit was able to organize and conduct art competition on prevention and control of Oral Potentially Malignant Disorders (OPMD)/ Oral Cancer (OC) in 20 districts to create awareness among community through school children to minimize exposure to risk factors and to educate them regarding importance of early detection of oral cancers. Gifts and certificates were distributed to the winners of the art competition. In addition to this, a special programme was organized in Ratnapura district which included art competition, exhibition and awareness programme on prevention and control of OPMD / OC.
- World Head and Neck Cancer Day is celebrated on 27th July every year. A media briefing was held to commemorate World Head and Neck Cancer Day in Sri Lanka. Relevant IEC materials, circulars, fact sheets were distributed among media personnel during the media briefing which can be used as reference to disseminate the message among the general public.
- To enhanced capacity of dental surgeons and medical officers working in line ministry hospitals on detection of OPMD and oral cancer, 20 hands on training programmes were conducted in those hospitals. The Oral and Maxillofacial Surgeons delivered lectures and did demonstration of OPMD and OC patients in those programmes. Nearly 600 dental surgeons and medical officers participated in those programmes.
- National review of oral cancer prevention and control to evaluate oral cancer control activities conducted during previous year in Sri Lanka was conducted in June 2024 with the participation of 27 Regional Dental Surgeons throughout the country.
- To make the general public aware of prohibition of using and selling of betel, tobacco and areca nut related products in the premises of state institutions, 10,000 posters (8,000 Sinhala and 2,000 Tamil language) were printed. As majority of the public access Grama Niladari offices to obtain services, posters were distributed among these institutions to be displayed in their offices.

- A training session on the use of CanReg 5 software, an electronic cancer surveillance system, was conducted with the aim of enhancing the capacity of staff in Oral and Maxillofacial Surgical (OMFS) units to accurately and efficiently capture and manage oral cancer data.
- Procurement and distribution of laptops to strengthen E-Based Cancer Surveillance in 2024. To enhance the efficiency of electronic cancer surveillance using the CanReg 5 system, five laptops were procured and distributed in 2024. This initiative aimed to support newly established Oral and Maxillofacial (OMF) Surgical units and Regional Dental Surgeons (RDS) involved in oral cancer prevention and control activities across RDHS areas. This distribution ensures improved data collection and reporting capabilities, thereby strengthening the national oral cancer surveillance system.
- During 2024, two Technical Advisory Committee (TAC) meetings and three additional consultative meetings were conducted to strengthen the national response to oral cancer prevention and control. These meetings provided a vital platform for stakeholder engagement and collaborative decision-making. Evidence-based recommendations were submitted to the National Advisory Committee (NAC) for consideration and implementation at the national level.

16.2.2. Oral Health Unit (Family Health Bureau)

In 2024, the Oral Health Unit of the Family Health Bureau (FHB) continued its dedicated efforts to enhance the oral health of pregnant women and children through the Maternal and Child Health (MCH) programme. The unit played a key role in developing and updating evidence-based strategies, guidelines, and protocols in collaboration with professional bodies and development partners. Providing technical guidance at national, provincial, and district levels, the unit also focused on capacity building by preparing and refining training materials for public health staff, while supporting programme implementation through logistics coordination.

The Oral Health Unit further contributed by convening the National Advisory Committee on Oral Health, chaired by DDG (PHS II), and by actively participating in undergraduate and postgraduate education. In addition, it took responsibility for monitoring, evaluation, and operational research to support continuous programme improvement.

As the focal point for National Oral Health Programmes targeting pregnant mothers and children, the unit also led the development of Information, Education, and Communication (IEC) materials tailored for these key groups.

Actions taken in 2024

- **Procurement and Distribution of Essential Supplies for School Dental Services**
The Oral Health Unit achieved several milestones in 2024, beginning with the Procurement and Distribution of essential supplies and equipment. The School Dental Programme benefited from the procurement of 250 packs of fissure sealants and 500 packs of fluoride varnish. Additionally, 20 micromotor units and LED dental examination lamps were purchased for school dental clinics (SDCs) following a facility survey to verify district-level requirements. Emergency bulk purchases of GIC filling materials were made to address stock shortages at the Medical Supplies Division (MSD).

- **UNICEF-Funded Phase-Out Supervision of FV and FS Programmes – Western Province**
 The UNICEF-funded Phase-Out Program for Fluoride Varnish and School-Based Sealants was a key focus in 2024. From September to November, 32 supervision visits were conducted to oversee the screening of children in preschools across the Western Province. These efforts ensured proper implementation and monitoring of the phase-out process.
- **District-Level Advocacy and Training for FV and FS Application under WHO-Supported Oral Health Initiatives**
 Advocacy and Training Programs played a crucial role in 2024. Advocacy programmes in Gampaha, Colombo, and Kalutara districts engaged 138 regional stakeholders in the health and education sectors. The WHO-supported in-service training sessions further strengthened capacity by training 90 district oral health staff in fluoride varnish and fissure sealant applications, alongside two sessions held in August 2024.
- **IEC Development and Dissemination**
 The Development and Distribution of IEC Materials was another significant achievement. The unit designed and distributed a variety of resources, including leaflets, flashcards, banners, and videos on fluoride varnish and fissure sealant applications.
- **The Annual Review of School Dental Services**
 The Annual Review of School Dental Services took place on 8th and 9th August 2024 at the Sri Lanka Foundation Institute, Colombo supported by UNICEF. This national review meeting revised data recording formats and targets for school dental services, reinforcing the unit's commitment to continual improvement in oral health care delivery.
- **Consultative Engagements for Strategic Planning and Strengthening School Dental Services**
 Consultative Meetings contributed significantly to programme development. A key meeting on 12th June 2024 focused on the planning of phase-out programme of fluoride varnish programme for children six years and below in the Western Province with the regional dental surgeons and supervising school dental therapists in three districts including NIHS, Kalutara. Also three additional consultative meetings were held to finalize the circular on “Strengthening School Dental Services in Sri Lanka,” while three meetings addressed the revision of school dental service targets. Efforts to modernize data systems also advanced with updates to the e-RHIMS platform, guided by health informatics expert Dr. Yujwal from India.
- **Facility Surveys and Capacity Building activities**
 Facility Surveys and Capacity Building activities in 2024 included district-level verification of school dental clinic requirements for 2025 and an urgent survey of SSDT needs, with data forwarded to the Additional Secretary Admin II and DDG (Dental Services). The Oral Health Unit also engaged with third-year dental students at the Faculty of Dentistry, University of Sri Jaywardenepura, offering an orientation programme on oral health services under the Maternal and Child Health Programme.

- Exercise Program
Finally, in promoting health and well-being, the FHB organized an Exercise Program with weekly aerobic sessions starting in May 2024, totaling over 40 sessions by year's end. Staff also participated in the "Capacity Building Program for Young Leaders for a Healthy Lifestyle," organized by the Ministry of Health on 5th April 2024, further emphasizing holistic health promotion.

16.2.3. Oral Health Unit (Health Promotion Bureau)

The Oral Health Unit of the Health Promotion Bureau functions as the national programme responsible for developing and implementing health promotion activities to improve oral health across the lifespan. The Unit also disseminates oral health messages to health staff and the general public.

In 2024, the Unit carried out several key activities of national importance.

Actions taken in 2024

- Development of IEC Materials
 - Revision of "Uniform Oral Health Messages for Sri Lankans": The booklet, last printed in 2019, was revised following an extensive literature review and multiple consultative meetings with subject experts. New chapters have been added and content finalised for printing. Due to time constraints, the updated booklet will be printed in 2025.
 - Development of an Oral Health Promotion Training Module for Pre-School Teachers: A comprehensive module was developed to strengthen oral health promotion in early childhood settings.
 - Creation of Educational Stories for Pre-School Children: Four stories were developed with input from a drama therapist for inclusion in the pre-school teacher guide.
- Distribution of IEC Materials
 - PowerPoint presentations prepared in Sinhala and Tamil to train public health midwives were distributed to dental surgeons at adolescent and community dental clinics through Regional Dental Surgeons.
 - The "Manual for Developing Pre-School Health Promotion Settings" was distributed to designated Regional Dental Surgeons and Health Education Officers.
 - Tamil translations of flashcard sets, produced as supportive materials for the "Activity-Based Oral Health Promotion Training Module for Primary School Teachers" in collaboration with the Save the Children PALAM/A Project, were distributed to all districts.
- National Launch of Training Materials - The national launch of oral health promotion training materials for primary grade teachers was held with the participation of the Secretary of Health, Ministry of Health officials, and Ministry of Education representatives.
- Media Engagement - The Unit Head and team participated in live discussions on radio and television programmes focusing on oral health.

- Public Awareness Activities - Public awareness was enhanced through media seminars organised at the Health Promotion Bureau to mark key oral health-related observances, including World Oral and Maxillofacial Surgeons' Day, World Oral Health Day, and World Head and Neck Cancer Day.
- Preparations for the 5th National Oral Health Survey, 2025 - Preliminary planning meetings were attended, and the Unit contributed to examiner training programmes in preparation for the 5th National Oral Health Survey.
- Capacity Building and Training
 - Two two-day training programmes were conducted for Regional Dental Surgeons and three Community Dental Surgeons from each district attached to the CDC, ADC, and MOH on Oral Health Promotion in health-promotive settings and effective communication.
 - Two skill-based capacity-building training programmes on health promotion and communication were conducted for supervising School Dental Therapists and three School Dental Therapists from each district.

Actions to be taken in 2025

- Development of Exhibition Posters: The revised 'Oral Health Messages for Sri Lankans' booklet will be finalized, printed, and distributed nationwide to health professionals
- Five posters on key oral health themes will be developed for use in exhibitions and public education campaigns.
- Capacity-Building for Community Dental Surgeons: A series of training programmes will be conducted to strengthen the knowledge and skills of Community Dental Surgeons in oral health promotion.

Contribution to the Training-of-Trainers Programme on Social and Behavior Change Communication (SBCC): The Unit will support the SBCC Pre-School Health Promotion Programme by training stakeholders on oral health promotion activities in pre-school settings.

16.2.4. Institute of Oral Health (Maharagama)

Institute of Oral Health, Maharagama is one of the leading tertiary care dental hospitals in Sri Lanka. It is home to the National Oral Health Research and Surveillance Unit and the National Training Centre of Oral Health, which fulfills the training needs of all categories of oral health care professionals in the country.

Research and Surveillance Unit (R&S) of Institute of Oral Health (IOH), Maharagama, is the national-level focal point for developing and maintaining a quality and accurate surveillance system for oral services in Sri Lanka and promoting, conducting, and supporting research in dentistry.

Actions taken in 2024

- Maintained the surveillance system of OPD dental clinics in Line ministry and stations under the RDHS and specialized dental units in 2024.
- Distributed the H1201(b) form for dental Out Patient Departments
- Published the “National Oral Health Services Report 2022”
- Conducted the teaching programmes
- Conducted WHO funded 5th National Oral Health Survey 2025-2026

16.3. Human Resources in Oral Health Care Services

Government oral health services in Sri Lanka have a proud history spanning nearly a century, beginning with the establishment of the first dental clinic at Ward Place, Colombo, in 1925. In the early years, dental surgeons were trained at the Ceylon Medical College, Colombo, until 1953, when the University of Peradeniya assumed responsibility for dental education, becoming the sole dental faculty in the country for several decades. Since 2021, the Faculty of Dental Sciences at the University of Sri Jayewardenepura has joined hands with the University of Peradeniya in advancing dental education in Sri Lanka. By 2024, the public oral health workforce had expanded significantly, comprising 139 Consultants, 1,422 Dental Surgeons, and 85 Interns serving under the Ministry of Health, the Armed Forces, and the Faculties of Dental Sciences of Sri Lankan universities.

The development of school-based oral health services also has a long-standing history. The training programme for School Dental Nurses, later designated as School Dental Therapists, was launched in 1951, laying the foundation for the School Dental Service in Sri Lanka. This initiative marked a milestone in expanding access to preventive and curative dental care for children across the country, a service that remains vital today.

Complementing these clinical services, government dental laboratory services, governed under the Ministry of Health and Mass Media, play an equally critical role in supporting the nation’s oral healthcare system. These laboratories, typically attached to major hospitals and specialized dental institutions, provide indispensable services including the fabrication, repair, and modification of dental prostheses, thereby enhancing oral rehabilitation for patients. Currently, 53 skilled laboratory technicians are employed across 21 government hospitals, ensuring equitable access to high-quality prosthetic services for the population.

Table 16.7: Distribution of Oral Health Workforce in Ministry of Health, 2024

Category	Consultants	Dental Surgeons					Dental Therapists		Dental Technicians
		PGIM Trainees	RDS	DS	RHO	Interns	SDT	SSDT	
Total	96	115	30	1,422	149	86	345	16	53

Source: Oral Health Unit

17. Medical Supply Services

Sri Lanka upholds a publicly financed, universal healthcare system that guarantees all citizens access to medical services free of charge at the point of delivery. A cornerstone of this framework is the provision of timely, equitable, and high quality healthcare across a comprehensive network of medical institutions nationwide. The country has developed a centralized medical supply framework under the Ministry of Health to manage procurement and distribution of medical supplies. This includes bulk procurement of pharmaceuticals and medical items through the State Pharmaceuticals Corporation (SPC) and State Pharmaceuticals Manufacturing Corporation (SPMC). Distribution is managed through regional medical supply units, hospital-based stores, and the central medical stores.

17.1. Deputy Director General (Medical Supply)

The Deputy Director General (DDG) of Medical Supplies in Sri Lanka plays a pivotal role within the Ministry of Health, overseeing the nation's medical supply services. This service is responsible for ensuring the uninterrupted availability of pharmaceuticals, surgical items, laboratory consumables, and other essential medical supplies across all public healthcare institutions throughout the country.

Directorates and Units under the DDG (Medical Supply)

- Medical Supply Division

17.1.1. Medical Supply Division

Medical Supplies Division (MSD) serves as the central authority responsible for supplying pharmaceuticals, surgical items, laboratory equipment, radioactive items and printed forms to all government healthcare institutions in Sri Lanka. Additionally, MSD is the sole supplier of narcotic drugs to both government and private hospitals in the country. MSD's core functions include estimating supply requirements, generating procurement requests, storing and distributing medical supplies, and monitoring inventory.

Medical supplies are stored in a structured network, including the Central Medical Stores in Colombo and 26 Regional Medical Supplies Divisions (RMSD) located across districts, ensuring efficient distribution to government healthcare institutions. Table 17.1 shows the cost of medical supplies since 2021, with pharmaceutical supplies consistently accounting for the highest expenditure, while laboratory supplies recorded the lowest throughout the period.

Table 17.1: Cost of medical supplies by item issued, 2021-2024

Name of the Category	2021	2022	2023	2024
Pharmaceutical	88,084	64,676	82,021	77,969
Surgical	25,826	18,115	27,767	25,772
Laboratory	11,139	3,963	3,575	5,041

Source: Medical Supply Division

The Table 17.2 shows the allocation and expenditure for the medical supplies from GOSL funds and other expenditures in 2024.

Table 17.2: Allocation and expenditure for medical supplies, 2024

Description	Total Allocation	Total Expenditure	Financial Progress %
Medical Supplies - MSD & Hospitals (GOSL)	59,000.00	58,752.46	99.58
SPC (GOSL)	61,000.00	48,129.51	78.90
SPC (foreign fund)	30,000.00	9,945.48	33.15
SPMC	30,000.00	26,153.21	87.17
Total	180,000.00	142,980.66	79.43

Source: Medical Supplies Division

Development projects in 2024

The special project focused on improving store facilities in line ministry institutions, Regional Medical Supply Divisions (RMSDs), and base hospitals across all provinces. With a total estimated cost of Rs.374.5 million, an allocation of Rs.337.49 million has been issued for the year 2024. By the end of the year, Rs. 175.5 million has been expended.

Actions taken in 2024

- Purchased medical supplies for the year 2024 with allocation received from GOSL funds.
- Conducted supply position review meetings which were chaired by Hon. Health Minister, Secretary of Health and Director General of Health Services, regularly for the year 2024 to minimize the shortages of pharmaceutical, surgical items and diagnostic items with the participation of the representatives of all stakeholder institutions including National Medicines Regulatory Authority (NMRA), State Pharmaceutical Corporation (SPC) and Ministry of Health.
- Initiated the revision of the formulary of pharmaceutical items in 2023. Including 20 formulary revision sub-committee sessions and two formulary revision core-committee session's formulary revision of pharmaceutical items was successfully completed. Formulary Revision Report was reviewed and finalized and approval was obtained from the Secretary of Health for the final report.
The updated pharmaceutical item list was published on MSD website and updated the MSMIS accordingly.
- Initiated the formulary revision of diagnostic items list and surgical item list of Medical Supplies Division.
- Sent new circular to all line ministry institutions, PDHS Offices & RDHS Offices and coordinated to conduct 538 meetings at line ministry institutions, 163 meetings at RDHS offices and 27 meetings at PDHS Offices.
- Successfully completed the training program on "Supply Chain Management" for 66 Medical Supplies Assistants (MSAs) at Medical Supplies Division and documents were

submitted to initiate the training for 50 SCOs with further training for other categories planned ahead.

- Initiated the preparation of Standard Operational Procedures (SOP) for the MSD functions. 19 workshops were successfully conducted for developing SOPs for formulary revision, estimation process, forecasting & order creation of medical supplies, and good receiving process of medical supplies.
- Initiated the procurement of 20 Cool Lorries to transport medical supplies under World Bank funds.
- Initiated procured 15 forklifts for use in the Medical Supplies Division's stores with World Bank funds.
- A project proposal was submitted to the World Health Organization and approval was obtained to procure antidotes for a one-year hospital requirement.

Actions to be taken in 2025

- Following project proposal will be submitted under the Primary Health Care Enhancing Project.
 - Development of Mahamodara, Welisara and Anuradhapura stores under the World Bank funds.
 - Development of MSD stores, Angoda sub stores and selected 85 Base hospitals under the funds of ADB.
 - Improvement and expansion of SWASTHA severe under the funds of ADB.
 - Procurement of 20 Cool Lorries and 15 Forklifts under the funds of World Bank.
 - Training of Pharmacovigilance for healthcare professionals in island wide health care institutions under the funds of World Bank.
- Staff In-service trainings
 - Scheduled in-service trainings for Assistants Directors, ICT Officers, Development Officers, Management Assistants and ICT Assistants and other staff categories.

18. Biomedical Engineering Services

Biomedical services in Sri Lanka play a crucial role in supporting the country's healthcare system by ensuring the effective operation, maintenance, and advancement of medical technologies. These services encompass the design, development, testing, calibration, repair, and management of medical equipment used in hospitals, clinics, and laboratories. With the growing demand for quality healthcare, biomedical services in Sri Lanka are increasingly focused on integrating modern technologies, enhancing patient safety, and providing technical support for life-saving devices. The sector collaborates closely with healthcare professionals and regulatory bodies to ensure that all medical equipment meets national and international standards, thereby contributing to improved diagnosis, treatment, and patient care outcomes.

18.1. Deputy Director General (Bio Medical)

The Deputy Director General (DDG) – Bio Medical in Ministry of Health plays a pivotal role in ensuring Division of Biomedical Engineering Services (BMES) that the nation's healthcare infrastructure is equipped with safe, functional, and up-to-date biomedical equipment. This encompasses overseeing the planning, procurement, maintenance, and regulation of medical devices across public health institutions.

Directorates under the DDG -Bio Medical

- Bio Medical Engineering Services Division

18.1.1. Bio Medical Engineering Services Division

The Bio Medical Engineering Services (BMES) Division provides a 24/7 Emergency Biomedical Engineering Service, ensuring continuous technical support for critical medical equipment across healthcare facilities. The head office of BMES division is located in Colombo and this division has workshop facilities and warehouse facilities for equipment and spare-parts storage.

Actions taken in 2024

- Procured new medical equipment by BMES and hospitals at a total cost of Rs. 4,885 million
- Repaired and upgraded medical equipment, and entered into service contracts totaling Rs. 6,000 million
- Medical equipment calibration program using mobile workshops
- Conducted medical equipment training program for hospital staff (end users) and local technical training programs for medical equipment for biomedical engineering staff
- Participated foreign technical training programs for biomedical engineering staff

The highest-performing years in terms of budget utilization for medical equipment over the past five years were 2020 and 2024(Figure 18.1). Figure 18.2 illustrates the comparison of budget allocations and actual expenditures for service and maintenance, as well as procurement of spare parts, from

2020 to 2024. Both allocation and expenditure showed a steady increase in last three years and reaching their highest levels in 2024, which also achieved full budget utilization.

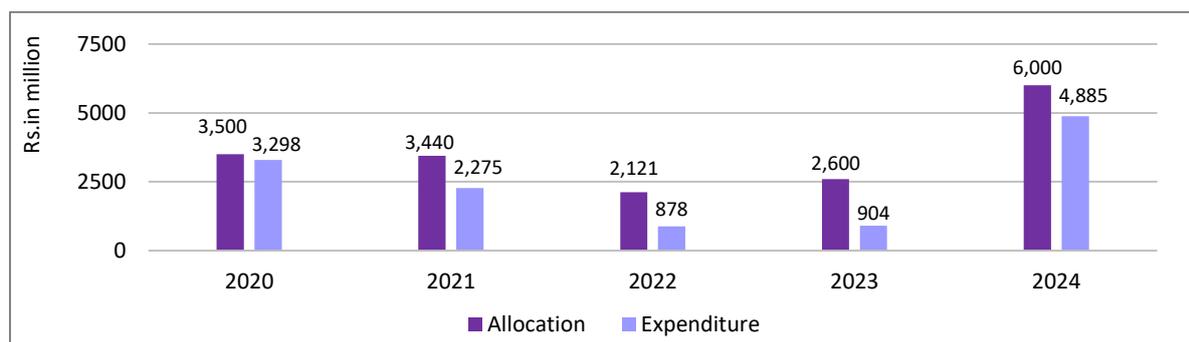


Figure 18.1: Allocations received and expenditure for procurement of medical equipment, 2020-2024

Source: Bio Medical Engineering Services Division

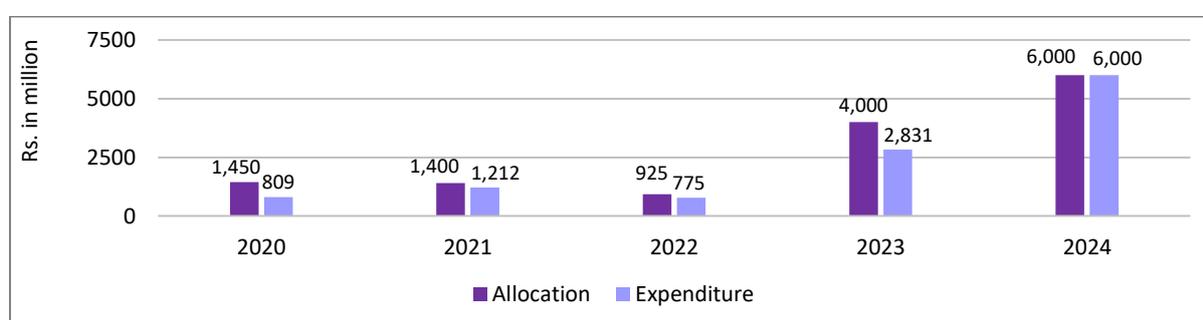


Figure 18.2: Allocations received and expenditure for service and maintenance and procurement of spare-parts, 2020-2024

Source: Bio Medical Engineering Services Division

Table 18.1 provides a snapshot of the physical and financial progress of various components under the Capacity Building Project, along with their estimated costs in USD.

Table 18.1: Progress overview of the capacity building project , 2024

Project Description	Estimated Cost (USD)	Physical Progress (%)	Financial Progress (%)
BES Renovation	1,675,153	10	20
Mobile Workshop	457,721	90	0
Medical Equipment Inventory Management System (MEIMS)	569,724	5	0
BME Tools and Equipment	2,581,150	30	3
Capacity building Training Programs	416,253	10	0

Progress reported as at 31.12.2025

Source: Bio Medical Engineering Services Division

Actions to be taken in 2025

- Establishment of new biomedical engineering units in the hospitals
- Implementation of a web-based system for biomedical equipment selection and prioritization

Annexure

Table 1.1 : Administrative Divisions and Local Government Bodies, 2024

Administrative Areas (Province / District)	Divisional Secretary Divisions	Grama Niladari Divisions	Local Government Bodies		
			Municipal Councils	Urban Councils	Pradeshiya Sabhas
Western Province					
Colombo	13	557	5	5	3
Gampaha	13	1,177	2	5	12
Kalutara	14	762	1**	3	13
Central Province					
Kandy	20	1,187	1	4	17
Matale	11	532*	2	-	11
Nuwara Eliya	10	491	1	2	9
Southern Province					
Galle	22	895	1	2	17
Matara	16	650	1	1	15
Hambantota	12	576	1	1	10
Northern Province					
Jaffna	15	435	1	3	13
Kilinochchi	4	95	-	-	3
Mannar	5	153	-	1	4
Vavuniya	4	102	1**	-	4
Mullaitivu	6	136	-	-	4
Eastern Province					
Batticaloa	14	345*	1	2	9
Ampara	20	503	2	1	17
Trincomalee	11	230	1**	1	11
North Western Province					
Kurunegala	30	1,610	1	1	19
Puttalam	16	548	1**	1	10
North Central Province					
Anuradhapura	22	694	1	-	18
Polonnaruwa	7	295	1	-	7
Uva Province					
Badulla	15	567	2	1	15
Monaragala	11	319	-	-	10
Sabaragamuwa Province					
Ratnapura	18	575	1	2	14
Kegalle	11	573	1**	-	11
Sri Lanka	340	14,007	29	36	276

Source: Department of Census and Statistics

*13 GNs out of 545 had been removed from Matale districts due to the Kaluganga and Moragahakanda project. Besides in Batticaloa districts shows 346 GNs but actual number is 345 (One GN has been as a part of another GN)

** According to the gazette no 2296/37 five Urban Councils have been upgraded in to Municipal Councils effect on 20.02.2023

Table 1.2 : Land Area by Province and District, 2024

Administrative Area (Province/District)	Land Area (sq. km)	Percentage
Sri Lanka	67,240	100
Western Province	3,758	5.5
Colombo	693	1.0
Gampaha	1,418	2.1
Kalutara	1,647	2.4
Central Province	5,730	8.6
Kandy	1,927	2.9
Matale	2,058	3.1
Nuwara Eliya	1,745	2.6
Southern Province	5,561	8.3
Galle	1,617	2.4
Matara	1,317	2.0
Hambantota	2,627	3.9
Northern Province	9,525	14.1
Jaffna	1,298	1.9
Kilinochchi	1,565	2.3
Mannar	2,047	3.0
Vavuniya	1,934	2.9
Mullaitivu	2,681	4.0
Eastern Province	9,898	14.8
Batticaloa	2,623	3.9
Ampara	4,476	6.7
Trincomalee	2,799	4.2
North-Western Province	8,510	12.7
Kurunegala	4,905	7.3
Puttalam	3,605	5.4
North Central Province	10,687	15.9
Anuradhapura	7,215	10.7
Polonnaruwa	3,472	5.2
Uva Province	8,628	12.9
Badulla	2,871	4.3
Monaragala	5,757	8.6
Sabaragamuwa Province	4,943	7.4
Ratnapura	3,286	4.9
Kegalle	1,657	2.5

Source: Survey Department

Table 2.1 : Population and Population Density by Province and District, 2024

Administrative Area (Province/District)	Population ('000)	Percentage Distribution of Population	Population Density (Persons per sq. km)
Sri Lanka	21,782	100	324
Western Province	6,117	28.1	1,628
Colombo	2,375	10.9	3,428
Gampaha	2,436	11.2	1,718
Kalutara	1,306	6.0	793
Central Province	2,714	12.5	474
Kandy	1,462	6.7	759
Matale	527	2.4	256
Nuwara Eliya	725	3.3	416
Southern Province	2,607	12.0	469
Galle	1,097	5.0	679
Matara	838	3.8	636
Hambantota	671	3.1	256
Northern Province	1,150	5.3	121
Jaffna	595	2.7	458
Kilinochchi	124	0.6	79
Mannar	172	0.8	84
Vavuniya	123	0.6	63
Mullaitivu	137	0.6	51
Eastern Province	1,783	8.2	180
Batticaloa	596	2.7	227
Ampara	745	3.4	166
Trincomalee	443	2.0	158
North Western Province	2,587	11.9	304
Kurunegala	1,768	8.1	360
Puttalam	819	3.8	227
North Central Province	1,408	6.5	132
Anuradhapura	960	4.4	133
Polonnaruwa	448	2.1	129
Uva Province	1,400	6.4	162
Badulla	872	4.0	304
Monaragala	528	2.4	92
Sabaragamuwa Province	2,016	9.3	408
Ratnapura	1,145	5.3	349
Kegalle	870	4.0	525

Source: Department of Census and Statistics

Table 2.2 : Number of Households in Occupied Housing Units by Main Source of Drinking Water and District, 2024

District	Total households	Main source of drinking water												
		Protected well within premises	Protected well outside premises	Unprotected well	* Tap within unit	* Tap within premises but outside unit	* Tap outside premises	Rural water supply project	Tube well	Bowser	River/ tank/ streams/ spring	Rain water	Bottled water	Other
Sri Lanka	5,264,282	1,652,972	772,819	211,556	1,110,050	363,043	181,235	482,937	177,432	18,931	239,952	4,022	9,984	39,349
Colombo	572,475	123,735	11,188	1,951	360,380	29,938	26,539	12,728	2,065	38	1,560	112	828	1,413
Gampaha	604,009	317,581	43,463	13,128	126,947	26,607	17,208	18,388	35,527	481	274	131	605	3,669
Kalutara	305,737	138,335	41,714	13,508	63,237	9,212	5,633	20,378	7,272	90	4,933	90	43	1,292
Kandy	348,019	49,629	38,580	10,117	132,091	28,270	14,564	39,395	6,762	688	24,032	221	61	3,609
Matale	129,710	26,731	22,822	5,253	24,559	8,876	4,168	22,399	7,500	62	6,605	28	63	644
Nuwara Eliya	181,182	9,149	10,157	6,899	19,002	22,837	11,826	38,262	1,169	66	60,177	103	17	1,518
Galle	273,140	117,064	40,126	19,214	56,542	14,807	7,671	7,028	3,171	135	5,984	10	41	1,347
Matara	206,790	65,292	25,843	12,457	46,985	17,580	3,913	19,013	1,562	14	13,140	48	25	918
Hambantota	156,476	18,709	11,881	3,618	38,450	42,035	7,728	24,791	3,666	501	3,264	57	108	1,668
Jaffna	140,323	54,642	44,554	1,255	2,407	2,963	14,251	-	15,607	3,142	13	3	53	1,433
Kilinochchi	28,369	9,033	9,652	7,029	32	87	43	-	1,481	835	12	1	3	161
Mannar	23,975	5,700	6,644	661	1,192	3,834	1,302	-	1,666	2,785	32	2	42	115
Vavuniya	41,908	19,540	8,517	1,623	880	1,171	1,522	275	7,256	134	8	38	912	32
Mullaitivu	24,896	8,153	8,242	6,462	60	100	141	-	1,088	210	48	-	4	388
Batticaloa	134,966	77,504	29,831	2,965	4,110	4,762	802	796	12,184	210	994	135	78	595
Ampara	165,166	44,011	33,011	7,436	35,590	24,812	5,607	10,148	2,375	168	755	83	39	1,131
Trincomalee	96,951	26,911	22,617	3,175	15,596	15,106	4,170	1,001	1,408	4,425	1,090	12	81	1,359
Kurunegala	443,349	230,275	111,409	25,653	15,640	6,355	4,656	34,950	9,312	142	2,389	343	444	1,781
Puttalam	202,796	57,030	34,591	3,661	17,626	13,074	5,545	19,864	34,696	3,961	491	715	3,445	8,097
Anuradhapura	231,356	50,933	64,063	7,811	33,806	17,571	8,164	35,054	5,941	205	3,138	1,259	2,504	907
Polonnaruwa	111,010	29,968	25,434	7,627	12,098	8,554	2,979	18,437	3,273	28	1,620	174	480	338
Badulla	214,900	29,028	27,523	12,707	28,328	15,963	7,813	45,155	2,198	106	44,812	205	40	1,022
Monaragala	120,137	25,872	20,186	7,076	15,009	13,785	4,251	20,424	5,483	69	6,892	79	21	990
Ratnapura	285,893	49,680	37,636	14,384	28,830	24,976	12,868	75,632	4,235	399	34,825	111	34	2,283
Kegalle	220,749	68,467	43,135	15,886	30,653	9,768	7,871	18,819	535	37	22,864	62	13	2,639

Source: Census of Population and Housing, 2024

Note : *Refers to piped born water distributed through pipe lines by National Water Supply and Drainage Board or the Local Government Institution.

Table 2.3 : Number of Households in Occupied Housing Units by Type of Toilet Facility and District, 2024

District	Total Households	Within the Unit		Outside the Unit		Other		
		Exclusively for the Household	Sharing with another Household	Exclusively for the Household	Sharing with another Household	No toilet but sharing with another housing unit/units	Common/ Public Toilet	Not Using a Toilet
Sri Lanka	6,111,315	3,798,777	157,346	1,832,587	197,678	101,924	9,677	13,326
Colombo	661,822	599,062	13,455	35,126	7,064	2,390	4,518	207
Gampaha	688,635	535,542	18,369	104,375	24,006	5,395	699	249
Kalutara	352,963	267,977	7,699	66,998	6,474	3,362	227	226
Kandy	397,626	273,024	11,298	96,783	10,586	4,687	965	283
Matale	151,132	79,981	4,751	56,055	7,258	2,661	229	197
Nuwara Eliya	200,261	105,560	10,422	66,814	10,916	4,947	691	911
Galle	307,704	195,700	5,650	92,676	8,267	4,923	221	267
Matara	231,946	123,692	4,141	93,038	7,141	3,649	138	147
Hambantota	188,638	95,779	3,616	79,827	5,709	3,488	41	178
Jaffna	159,753	76,413	3,187	72,253	3,442	3,797	158	503
Mannar	32,330	13,086	778	16,862	604	694	16	290
Vavuniya	48,399	19,706	1,212	24,550	1,509	1,118	17	287
Mullaitivu	34,786	14,400	1,298	17,128	675	981	24	280
Kilinochchi	36,734	8,589	649	24,403	1,256	1,573	8	256
Batticaloa	170,262	87,403	4,873	58,101	6,266	10,307	66	3,246
Ampara	207,007	128,603	5,416	60,292	6,066	5,765	76	789
Trincomalee	121,948	70,392	4,440	38,521	4,584	3,426	132	453
Kurunegala	511,166	273,343	10,991	198,128	20,141	7,344	287	932
Puttalam	234,027	134,618	6,488	79,848	7,735	3,957	357	1,024
Anuradhapura	275,084	132,293	7,742	114,204	14,175	5,749	120	801
Polonnaruwa	127,385	61,686	2,557	55,916	4,724	2,120	34	348
Badulla	248,262	129,879	11,422	89,014	12,924	4,466	190	367
Monaragala	151,763	47,621	2,665	88,745	7,551	4,605	62	514
Ratnapura	327,645	168,014	8,801	129,647	12,884	7,643	324	332
Kegalle	244,037	156,414	5,426	73,283	5,721	2,877	77	239

Source: Census of Population and Housing, 2024

Table 3.1 : Number of Births, Death and Marriages, 2000 - 2024

Year	No. of Births	No. of Deaths	No. of Marriages
2000	347,749	116,200	194,217
2001	358,583	112,858	190,988
2002	367,709	111,863	197,589
2003	370,643	115,495	195,914
2004	364,711	114,915	193,317
2005	370,731	132,097	195,067
2006	373,538	117,467	196,817
2007	386,573	118,992	196,236
2008	373,575	123,814	198,578
2009	368,304	127,776	194,970
2010	363,881	130,337	200,985
2011	362,044	123,183	200,314
2012	359,959	122,741	198,710
2013	365,762	127,183	180,760
2014	349,744	128,185	177,792
2015	336,097	132,011	177,730
2016	329,630	130,912	173,990
2017	326,461	140,357	172,511
2018	328,409	139,498	169,352
2019	319,010	146,397	163,378
2020	301,706	132,371	143,061
2021	284,848	163,936	162,628
2022*	275,321	179,792	171,140
2023*	247,900	181,239	151,356
2024*	220,761	171,194	139,290

* Provisional

Source: Registrar General's Department

Table 3.2 : Crude Birth Rate and Crude Death Rate, 2000 - 2024

Year	Per 1,000 Live Births	
	Crude Birth Rate	Crude Death Rate
2000	18.2	6.1
2001	19.1	6.0
2002	19.4	5.9
2003	19.3	6.0
2004	18.8	5.9
2005	18.9	6.7
2006	18.8	5.9
2007	19.3	5.9
2008	18.5	6.1
2009	18.0	6.2
2010	17.6	6.3
2011	17.3	5.9
2012	17.6	6.0
2013	17.8	6.2
2014	16.8	6.2
2015	16.0	6.3
2016	15.6	6.2
2017	15.2	6.5
2018	15.1	6.4
2019	14.6	6.7
2020	13.8	6.0
2021	12.9	7.4
2022	12.4	8.1
2023	11.2	8.2
2024	10.1	7.8

Source: Registrar General's Department

* Provisional

Note : CBR and CDR are based on usual residence data.

Table 3.3 : Selected Death Indicators, 2021

District	Per 100,000 Live Births	Per 1,000 Live Births		
	Maternal Mortality Ratio	Under five Mortality Rate	Infant Mortality Rate	Neo-Natal Mortality Rate
Colombo	63.9	13.2	11.0	7.3
Gampaha	36.0	5.0	4.6	3.2
Kalutara	29.0	5.5	4.7	3.6
Kandy	18.5	11.6	10.9	7.0
Matale	14.1	2.5	1.7	1.1
Nuwara Eliya	38.0	8.6	7.0	4.7
Galle	48.8	7.6	6.5	4.5
Matara	23.1	7.4	7.3	5.5
Hambantota	21.1	1.9	1.7	1.3
Jaffna	82.6	4.0	2.9	1.4
Kilinochchi	-	0.7	0.7	0.7
Mannar	-	4.9	3.4	1.0
Vavuniya	25.3	5.1	4.1	2.5
Mullaitivu	-	2.0	-	-
Batticaloa	43.9	8.2	-	5.2
Ampara	23.9	6.0	4.7	3.0
Trincomalee	24.8	4.1	3.1	1.9
Kurunegala	15.4	4.0	3.3	2.0
Puttalam	17.1	6.7	5.8	4.5
Anuradhapura	31.7	7.0	6.4	4.7
Polonnaruwa	46.6	8.7	7.6	5.3
Badulla	-	3.4	2.6	1.9
Monaragala	-	4.5	2.6	2.1
Ratnapura	18.9	6.0	4.9	4.0
Kegalle	59.2	4.0	3.8	2.7
Sri Lanka	33.00	7.0	6.0	4.1

Source: Registrar General's Department

* Provisional

Note: All indicators are based on place of occurrence data.

Table 3.4 : Registered Births and Government Hospital Births, 1992 - 2024

Year	Registered Live Births ¹	Live Births in Government Hospitals ²	Percentage of Live Births in Government Hospitals
1992	356,842	296,484	83.1
1993	350,707	298,567	85.1
1994	356,071	300,180	84.3
1995	343,224	297,949	86.8
1996 ^a	330,963	287,514	86.9
1997 ^a	325,017	284,955	87.7
1998	322,672	287,514	89.1
1999	328,725	300,866	91.5
2000	347,749	314,352	90.4
2001	358,583	325,813	90.9
2002	367,709	307,272	83.6
2003	370,643	316,465	85.4
2004	364,711	336,642	92.3
2005	370,731	341,539	92.1
2006	373,538	353,361	94.6
2007	386,573	356,852	92.3
2008	373,575	352,523	94.4
2009	368,304	339,437	92.2
2010	363,881	334,137	91.8
2011	362,044	338,463	93.1
2012	359,959	340,800	95.8
2013	365,762	347,033	94.9
2014	349,744	330,898	94.6
2015	336,097	315,221	94.1
2016	329,630	303,593	91.7
2017	326,461	300,169	91.9
2018	328,112*	302,134	92.1
2019	319,010*	288,666	90.5
2020	301,706*	280,661	93.0
2021	284,848*	253,606	89.0
2022	275,321*	236,553	85.9
2023	247,900*	203,685	82.2
2024	220,761*	188,188	85.2

* Provisional

Source: ¹ Registrar General's Department^a Excludes, Kilinochchi and Mullaitivu Districts² Medical Statistics Unit

Table 3.5 : Live Births, Still Births and Low Birth Weight Babies in Government Hospitals by District, 2024

District	Live Births	Still Births		Low Birth Weight ³	
		No.	Rate ¹	No.	Rate ²
Colombo	21,527	132	6.1	4,100	19.0
Gampaha	10,322	73	7.1	1,793	17.4
Kalutara	7,178	58	8.1	1,224	17.1
Kandy	14,394	91	6.3	3,099	21.5
Matale	4,985	47	9.4	912	18.3
NuwaraEliya	6,224	41	6.6	2,134	34.3
Galle	10,439	57	5.5	2,005	19.2
Matara	5,566	21	3.8	1,025	18.4
Hambantota	7,018	31	(4.4)	1,096	15.6
Jaffna	6,803	44	6.5	1,143	16.8
Kilinochchi	2,171	9	4.1	301	13.9
Mullaitivu	804	7	8.7	118	14.7
Vavuniya	2,814	16	5.7	370	13.1
Mannar	1,658	15	9.0	129	7.8
Batticaloa	7,196	28	3.9	1,376	19.1
Ampara	9,668	38	3.9	1,695	17.5
Trincomalee	6,444	48	7.4	1,109	17.2
Kurunegala	13,419	70	5.2	2,499	18.6
Puttalam	8,142	44	5.4	1,852	22.7
Anuradhapura	7,855	43	5.5	1,590	20.2
Polonnaruwa	4,416	19	4.3	851	19.3
Badulla	9,937	54	5.4	2,504	25.2
Monaragala	3,688	19	5.2	845	22.9
Rathnapura	9,737	46	4.7	1,904	19.6
Kegalle	5,783	27	4.7	1,160	20.1
Total	188,188	1,078	5.7	36,834	19.6

¹ Per 1,000 total births.

Source: Medical Statistics Unit

² Per 100 live births.

³ Birth weight less than 2500 grams.

Table 4.1 : Number of Health Care Institutions by RDHS Division, 2024

RDHS Division	Level of Care (LOC)				Total Institutions
	Tertiary	Secondary	Primary	Other	
Colombo	15	2	43	8	68
Gampaha	6	5	56	12	79
Kalutara	3	3	27	3	36
Kandy	7	2	75	7	91
Matale	1	1	33	2	37
Nuwara Eliya	1	2	46	2	51
Galle	2	3	45	5	55
Matara	1	2	34	2	39
Hambantota	2	3	31	3	39
Jaffna	1	4	40	4	49
Kilinochchi	1	1	11	4	17
Mannar	1	1	20	4	26
Vavunia	1	1	15	4	21
Mullaitivu	1	3	12	4	20
Batticaloa	1	4	32	3	40
Ampara	1	2	25	3	31
Trincomalee	1	4	31	6	42
Kalmunai		7	22	3	32
Kurunegala	3	4	95	1	103
Puttalam	1	4	44	3	52
Anuradhapura	1	6	54	6	67
Polonnaruwa	2	3	26	2	33
Badulla	1	4	59	4	68
Moneragala	1	3	24	2	30
Ratnapura	2	5	101	4	112
Kegalle	1	3	45	3	52
Total	58	82	1046	104	1,290

Source : Medical Statistics Unit

Note: As at 31st of December 2024

Excluding ADC, CDC, MOH, RDHS, NTS, PDHS, Campaigns, etc.

Table 4.2 : Number of Primary Medical Care Units and Medical Officer of Health offices by RDHS Division, 2024

RDHS Division	Primary Medical Care Unit (PMCU)	Medical Officer of Health (MOH)
Colombo	29	19
Gampaha	45	16
Kalutara	10	15
Kandy	28	23
Matale	14	13
Nuwara Eliya	22	13
Galle	24	20
Matara	18	17
Hambantota	14	12
Jaffna	17	14
Kilinochchi	4	4
Mannar	11	5
Vavuniya	6	4
Mullaitivu	5	6
Batticaloa	14	14
Ampara	18	7
Trincomalee	17	12
Kalmunai	7	13
Kurunegala	55	31
Puttalam	31	13
Anuradhapura	22	22
Polonnaruwa	18	8
Badulla	16	16
Monaragala	10	11
Ratnapura	70	20
Kegalle	26	11
Total	551	359

Source : Medical Statistics Unit

Note: As at 31st of December 2024

Table 5.1 : Number of Total Beds by Level of Care and RDHS Division, 2024

RDHS Division	Level of Care (LOC)				Total Beds	Beds per 1,000 Population
	Tertiary	Secondary	Primary	Other		
Colombo	12,270	776	609	1,372	15,027	6
Gampaha	4,373	1,159	759	441	6,732	3
Kalutara	2,010	485	937	3	3,435	3
Kandy	4,807	706	1,945	51	7,509	5
Matale	913	380	723		2,016	4
Nuwara Eliya	809	436	1,167		2,412	3
Galle	2,575	1,088	1,061	89	4,813	4
Matara	1,415	485	862		2,762	3
Hambantota	988	809	962		2,759	4
Jaffna	1,411	1,002	805	68	3,286	6
Kilinochchi	334	46	232		612	4
Mannar	402	61	277	36	776	6
Vavunia	523	97	181	26	827	5
Mullaitivu	195	222	96		513	4
Batticaloa	1,273	824	847	8	2,952	5
Ampara	859	372	248	26	1,505	5 ¹
Trincomalee	623	623	471	194	1,911	4
Kalmunai		1,824	624	15	2,463	
Kurunegala	3,254	1,188	2,282		6,724	4
Puttalam	644	1,092	479	15	2,230	3
Anuradhapura	2,030	844	1,382	107	4,363	5
Polonnaruwa	1,436	439	341	30	2,246	5
Badulla	1,556	1,369	1,291	58	4,274	5
Moneragala	627	582	742		1,951	4
Ratnapura	1,995	1,079	1,136	15	4,225	4
Kegalle	897	1,114	811	14	2,836	3
Total	48,219	19,102	21,270	2,568	91,159	4

Source : Medical Statistics Unit

¹Includes Kalmunai data

Note: beds in four PMCUs functioning as DHCs are also included under primary care
Bed counts are as at 31.12.2024

Table 5.2 : Number of Inpatient Beds¹ by Level of Care and RDHS Division, 2024

RDHS Division	Level of Care (LOC)				Total Inpatient Beds	Inpatient Beds per 1,000 Population
	Tertiary	Secondary	Primary	Other		
Colombo	11,555	726	538	1,248	14,067	6
Gampaha	4,207	1,088	685	422	6,402	3
Kalutara	1,846	457	858	3	3,164	2
Kandy	4,529	654	1,715	46	6,944	5
Matale	879	347	646		1,872	4
Nuwara Eliya	784	406	1,036		2,226	3
Galle	2,439	970	933	87	4,429	4
Matara	1,349	446	774		2,569	3
Hambantota	935	752	848		2,535	4
Jaffna	1,345	948	716	59	3,068	5
Kilinochchi	307	39	189		535	4
Mannar	347	48	229	36	660	5
Vavunia	511	85	124	22	742	4
Mullaitivu	188	219	95		502	4
Batticaloa	1,255	749	752	4	2,760	5
Ampara	832	347	221	24	1,424	5 ²
Trincomalee	577	551	412	184	1,724	4
Kalmunai		1,580	563	15	2,158	
Kurunegala	3,059	1,089	2,063		6,211	4
Puttalam	602	1,024	431	11	2,068	3
Anuradhapura	1,906	733	1,218	100	3,957	4
Polonnaruwa	1,303	403	300	24	2,030	5
Badulla	1,438	1,124	1,125	42	3,729	4
Moneragala	580	522	635		1,737	3
Ratnapura	1,868	996	993	11	3,868	3
Kegalle	811	1,016	728	13	2,568	3
Total	45,452	17,319	18,827	2,351	83,949	4

Source : Medical Statistics Unit

¹Excludes Examination beds, labour room beds, OPD beds, Dialysis unit beds etc²Includes Kalmunai data

Bed counts are given as at 31.12.2024

Table 5.3 : Total Hospital Beds by Speciality and RDHS Division, 2024

RDHS Division	Speciality									Beds reported from mixed wards ³	Total
	Medical & Surgical ¹	Medical	Surgical	Paediatric / Children ²	Obstetrics/ Gynaecology	Psychiatric	Eye	Orthopedic/ Accident	Other Specialities		
Colombo	744	2,614	2,128	1,703	1,729	1,573	529	786	2,349	872	15,027
Gampaha	360	1,812	904	697	851	222	158	240	1,126	362	6,732
Kalutara	381	983	546	531	512	44	29	13	142	254	3,435
Kandy	417	1,854	830	1,138	1,079	190	191	206	1,084	520	7,509
Matale	29	705	248	256	328	89	66	29	129	137	2,016
Nuwara Eliya	362	682	351	228	392	37	42	71	104	143	2,412
Galle	418	1,193	692	583	766	95	101	66	584	315	4,813
Matara	119	751	410	426	596	20	45	76	162	157	2,762
Hambantota	226	697	318	348	592	104	41	69	133	231	2,759
Jaffna	69	986	580	371	543	90	65	28	288	266	3,286
Kilinochchi	3	190	70	74	133	11	40	29		62	612
Mannar	80	173	78	94	194	14		17	15	111	776
Vavuniya	5	255	78	62	207	24	25	37	46	88	827
Mullaitivu	24	184	93	77	73	12				50	513
Batticaloa	174	876	441	387	458	100	36	142	146	192	2,952
Ampara	127	473	188	184	255	28	32	26	95	97	1,505
Trincomalee	101	573	275	212	384	30	53	40	43	200	1,911
Kalmunai	209	644	376	377	396	37	42	77	48	257	2,463
Kurunegala	603	1,832	765	774	1,362	87	96	178	589	438	6,724
Puttalam	92	675	311	295	488	19	45	74	84	147	2,230
Anuradhapura	893	799	508	522	711	112	30	69	294	425	4,363
Polonnaruwa	152	541	413	211	282	38	45	85	185	294	2,246
Badulla	363	1,133	674	490	652	73	59	94	370	366	4,274
Moneragala	195	535	282	365	329	26	47	1	13	158	1,951
Ratnapura	367	1,177	584	578	675	51	76	116	271	330	4,225
Kegalle	403	607	406	381	504	68	117	53	55	242	2,836
Total	6,916	22,944	12,549	11,364	14,491	3,194	2,010	2,622	8,355	6,714	91,159

¹Beds in medical and surgical intensive care units, wards for priests, armed sevice and medical and surgical paying wards

Source : Medical Statistics Unit

²Beds in premature baby units³Mixed wards with beds for obstetrics, psychiatry, skin, ENT, eye, dental, neurology, surgery, tuberculosis and heamatology

Bed counts are given as at 31.12.2024

Table 5.4 : Utilization of Medical Institutions by Level of Care and RDHS Division, 2024

RDHS Division	Ministry of Health													Other Ministries/ Institutions *				Hospitals with Indoor facility			
	Tertiary				Secondary				Primary				Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Bed Turn Over Interval	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Bed Turn Over Interval	
	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Bed Turn Over Interval	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Bed Turn Over Interval	Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Bed Turn Over Interval									
Colombo	3.55	71.26	72.62	1.44	1.97	83.27	153.90	0.40	1.12	43.49	141.06	1.46	7.00	54.16	27.78	6.02	3.43	69.18	73.08	1.54	
Gampaha	2.57	62.29	87.83	1.57	1.79	70.68	143.37	0.75	1.65	39.60	87.54	2.52	12.29	109.32	31.43	(1.08)	2.31	61.67	97.03	1.44	
Kalutara	2.62	71.45	99.03	1.05	1.63	81.77	182.85	0.36	1.41	34.27	88.60	2.71					2.12	63.57	109.31	1.22	
Kandy	2.52	57.47	82.62	1.88	3.12	92.09	107.22	0.27	1.47	29.24	72.22	3.58	10.40	52.76	17.88	9.65	2.35	51.51	79.52	2.23	
Matale	2.09	52.12	90.69	1.93	1.84	99.71	196.81	0.01	1.53	35.36	84.17	2.80					1.86	55.49	108.66	1.50	
Nuwara Eliya	2.54	62.33	88.96	1.55	2.07	71.93	125.93	0.81	1.73	28.12	59.21	4.43					2.12	47.42	81.19	2.36	
Galle	2.85	72.88	92.86	1.07	1.96	61.38	114.01	1.24	1.38	28.49	75.36	3.46					2.33	59.91	93.45	1.57	
Matara	2.05	57.46	101.85	1.52	1.74	53.83	112.52	1.50	1.49	31.52	77.12	3.24					1.85	48.79	96.12	1.94	
Hambantota	2.26	60.87	97.74	1.46	2.14	76.57	130.03	0.66	1.33	27.72	76.20	3.46					1.99	55.58	101.36	1.60	
Jaffna	2.55	74.10	105.45	0.90	1.98	48.16	88.28	2.14	1.27	22.93	66.06	4.26	3.38	18.60	20.09	14.79	2.26	57.98	93.33	1.64	
Kilinochchi	1.84	90.26	178.24	0.20	1.46	37.13	92.51	2.48	1.22	9.94	29.69	11.07					1.72	45.46	96.04	2.07	
Mannar	2.82	71.16	91.77	1.15	1.91	16.10	30.77	9.95	1.54	18.53	43.85	6.78	3.23	7.31	8.23	49.09	2.42	41.14	61.95	3.47	
Vavunia	2.14	81.16	137.54	0.50	1.45	35.10	88.37	2.68	1.14	19.57	62.91	4.67					2.05	71.73	127.07	0.81	
Mullativu	2.01	76.55	138.14	0.62	1.15	24.16	76.52	3.62									1.71	50.91	107.98	1.66	
Batticaloa	2.45	57.70	83.60	1.85	1.94	57.84	108.33	1.42	1.34	18.34	49.87	5.98					2.07	46.69	81.11	2.40	
Ampara	2.50	54.14	78.42	2.13	1.59	80.44	184.06	0.39	1.27	28.53	81.71	3.19					2.00	55.10	99.94	1.64	
Trincomalee					1.65	56.35	123.96	1.29	1.40	22.65	59.11	4.78					1.61	45.70	103.46	1.92	
Kalmunai					1.79	52.07	105.84	1.65	1.23	27.36	80.06	3.31					1.67	45.35	98.83	2.02	
Kurunegala	2.97	72.24	88.34	1.15	2.12	62.55	107.41	1.27	1.41	28.76	74.52	3.49					2.33	55.92	87.07	1.85	
Puttalam	2.04	63.76	113.41	1.17	2.16	62.78	105.45	1.29	1.35	24.98	67.25	4.07					2.01	55.74	100.55	1.61	
Anuradhapura	2.90	69.12	86.51	1.30	1.61	59.52	134.88	1.10	1.39	30.22	79.14	3.22	3.47	27.13	28.22	9.42	2.15	54.23	91.70	1.82	
Polonnaruwa	1.92	64.11	121.42	1.08	1.67	61.36	133.34	1.06	1.41	38.75	100.08	2.23					1.81	60.04	120.50	1.21	
Badulla	3.07	64.86	76.57	1.68	1.68	59.42	128.35	1.15	1.55	34.37	80.81	2.96					2.14	54.70	92.87	1.78	
Moneragala	2.04	65.36	115.98	1.09	1.72	54.69	115.55	1.43	1.35	41.03	110.31	1.95					1.70	53.05	113.69	1.51	
Ratnapura	2.31	72.29	113.78	0.89	1.87	61.55	119.56	1.17	1.37	32.56	86.41	2.85					1.99	59.68	108.75	1.35	
Kegalle	2.16	64.37	108.14	1.20	2.53	72.96	104.91	0.94	1.67	33.37	72.68	3.35	16.65	265.30	55.67	(10.84)	2.26	60.26	96.79	1.50	
Total	2.70	66.80	89.81	1.35	1.90	63.19	120.61	1.11	1.43	30.08	76.45	3.34	7.43	55.55	26.80	6.05	2.27	57.50	91.88	1.69	

* Includes:

Army Hospitals, Navy Hospitals, Police Hospitals, Prison Hospitals, University Health Centers

Source: Medical Statistics Unit

Table 5.5: Utilization of Hospital Beds by Hospital Type/specialty and Managing Authority, 2024

Type/ Speciality		Indicator			
		Average Duration of Stay	Bed Occupancy Rate	Bed Turn Over Rate	Bed Turn Over Interval
Ministry of Health	National Hospitals	2.9	72.0	89.2	1.2
	Teaching Hospital	2.8	71.5	93.1	1.1
	District General Hospital	2.1	62.7	108.8	1.3
	Base Hospitals	1.9	63.1	120.6	1.1
	Base Hospital Type A	1.9	63.8	123.0	1.1
	Base Hospital Type B	1.9	62.1	116.9	1.2
	Divisional Hospitals	1.4	30.1	76.4	3.3
	Divisional Hospital Type A	1.5	30.6	73.6	3.5
	Divisional Hospital Type B	1.4	28.8	73.7	3.5
	Divisional Hospital Type C	1.4	31.4	83.1	3.0
	Board Management Hospitals	3.0	48.8	58.8	3.2
	Specialized Hospitals				
	Children's Hospitals	2.7	52.6	70.5	2.5
	Cancer Hospital	3.5	68.8	71.8	1.6
	Mental Hospitals	55.9	73.5	4.1	23.8
	Respiratory Diseases	6.9	48.5	25.2	7.5
	Maternity Hospitals	3.4	57.4	60.5	2.6
	Rehabilitation Hospitals	21.1	60.8	10.0	14.4
	Infectious Diseases	3.0	49.2	60.4	3.1
Dental	3.7	42.4	41.1	5.1	
Neprology	1.3	55.6	155.7	1.0	
Other Departments/ Ministries	Army Hospital	5.3	31.2	21.2	11.8
	Navy Hospitals	2.2	12.1	20.5	15.7
	Police hospital	6.4	60.0	33.5	4.4
	Prison Hospitals	11.4	131.1	40.8	-2.8

Source: Medical Statistics Unit

Table 6.1 : Key Health Personnel, 2000 - 2024

Year	Medical Officers ¹		Dental Surgeons ²		Registered/ Assistant Medical Officers		Total Nurses		Public Health Nursing Sisters/Supervising Public Health Nursing Sister		Public Health Inspectors ³		Public Health Midwives		Hospital Midwives	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
2000	7,963	41.1	637	3.3	1,349	7.0	14,716	76.0	270	1.4	1,486	7.7	4,798	24.8	2,596	13.4
2001	8,384	44.8	751	4.0	1,343	7.2	15,797	84.4	259	1.4	1,401	7.5	4,654	24.9	2,723	14.5
2002	9,290	48.9	867	4.6	1,326	7.0	16,517	86.9	310	1.6	1,470	7.7	4,819	25.4	2,794	14.7
2003	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2004	8,874	45.6	915	4.7	1,218	6.3	18,654	95.8	315	1.6	1,397	7.2	4,524	23.2	2,668	13.7
2005	10,198	51.9	954	4.9	1,274	6.5	19,934	101.4	313	1.6	1,512	7.7	4,896	24.9	2,371	12.1
2006	10,279	51.7	1,181*	5.9	1,183	5.9	24,988	125.7	299	1.5	1,535	7.7	5,080	25.5	2,555	12.8
2007	11,023	55.1	1,314*	6.6	1,194	6.0	31,466	157.3	290	1.4	1,740	8.7	6,167	30.8	2,828	14.1
2008	12,479	61.7	858	4.2	1,134	5.6	30,063	148.7	270	1.3	1475 ³	7.3	5,331	26.4	3,016	14.9
2009	13,737	67.8	1,046	5.1	1,084	5.3	31,297	153.0	264	1.3	1398 ³	6.8	5,389	26.3	2,768	13.5
2010	14,668	71.0	1,139	5.5	1,107	5.4	35,367	171.2	380	1.8	1436 ³	7.0	5,477	26.5	2,971	14.4
2011	15,273	73.2	1,147	5.5	1,063	5.1	35,870	171.9	349	1.7	1,501	7.2	5,491	26.3	2,884	13.8
2012	15,910	78.6	1,223	6.0	1,130	5.6	36,486	180.3	332	1.6	1510 ³	7.5	5,821	28.6	2,605	12.8
2013	16,690	81.5	1,279	6.2	1,064	5.2	35,629	173.9	322	1.6	1,763	8.1	5,950	29.0	2,848	13.9
2014	17,615	84.8	1,360	6.5	999	4.8	38,451	185.1	277	1.3	1,526	7.3	5,954	28.7	2,888	13.9
2015	18,243	87.0	1,340	6.4	936	4.5	42,420	202.3	290	1.4	1,604	7.7	6,041	28.8	2,765	13.2
2016	18,968	89.5	1,433	6.8	883	4.2	42,556	200.7	277	1.3	1,692	8.0	6,247	29.5	2,365	11.2
2017	19,800	92.3	1,473	6.9	818	3.8	45,480	212.1	328	1.5	1,720	8.0	5,746	26.8	2,485	11.6
2018	19,720	91.0	1,561	7.2	789	3.6	46,024	212.4	314	1.4	1,697	7.8	5,811	26.8	2,694	12.4
2019	20,381	93.5	1,561	7.2	738	3.4	46,841	214.8	325	1.5	1,668	7.7	5,716	26.2	2,633	12.1
2020	21,450	97.9	1,564	7.1	661	3.0	46,385	211.6	302	1.4	1,910	8.7	5,901	26.9	2,624	12.0
2021	22,509	101.6	1,757	7.9	674	3.0	49,765	224.6	334	1.5	1,877	8.5	6,359	28.7	2,710	12.2
2022	23,416	105.6	1,689	7.6	591	2.7	50,516	227.7	340	1.5	2,012	9.1	6,171	27.8	2,673	12.1
2023	23,999	108.9	1,604	7.3	535	2.4	53,283	241.8	419	1.9	1,956	8.9	6,438	29.2	2,322	10.5
2024	24,058	110.5	1,494	6.9	428	2.0	49,665	228.0	530	2.4	1,921	8.8	6,117	28.1	2,411	11.1

N/A - Not Available

* Provisional

Rate per 100,000 population

¹ All Medical Officers in curative, administrative and preventive services including specialists and interns² Includes Regional and Consultant Dental Surgeons³ Excludes Supervising Public Health Inspectors

Note : All PGIM trainees were included in Dental Surgeons category in 2007 based on 2006 estimates which was not corrected.

In 2008, this was revised by including PGIM trainees in Medical Officers category. Therefore the total Dental Surgeons category has reduced in 2008.

Source: Medical Statistics Unit

Table 6.2 : Distribution of Health Personnel by RDHS Division, 2024

RDHS Division	Administrative Grade (Senior and Deputy) Medical Officers			Medical Officers																	Total Medical Officers ²
				Administrative Grade (Senior and Deputy) Non Medical Officers	Specialists/Consultant (other than administrative grade)	Hospital Medical Officers (D.M.O., M.O.I.C., S.H.O., S.M.O. in OPD, etc.)	Medical Officers in MOH/AMOH	School Medical Officers	Medical Officers (Malaria)	Medical Officers (Filaria)	Medical Officers (Leprosy)	Medical Officers (Venereal Diseases)	Medical Officers (Tuberculosis)	Epidemiologists	Medical Officers (Maternal and Child Health)	Judicial Medical Officers	Medical Officers (Blood Bank)	Medical Officers (H.O.)	P.G.I.M. Trainees **	Other Medical Officers	
Colombo	75	57	790	3,500	80	1	7	8	-	1	36	-	17	21	110	229	357	406	4,773	5,638	
Gampaha	13	6	209	1,378	58	2	2	-	11	5	-	1	-	10	32	107	11	64	1,681	1,903	
Kalutara	3	-	109	702	42	-	1	1	-	-	-	1	1	5	21	30	1	62	867	979	
Kandy	14	-	280	1,348	40	2	-	-	1	4	1	2	2	10	18	89	160	85	1,762	2,056	
Matale	2	-	47	325	19	-	5	-	-	1	5	-	1	1	6	27	5	15	410	459	
Nuwara Eliya	5	-	52	340	18	-	-	-	-	-	-	-	3	4	8	35	-	25	433	490	
Galle	6	1	170	893	38	1	-	1	-	2	4	1	13	3	17	63	10	47	1,093	1,269	
Matara	8	-	77	645	33	1	-	1	-	2	7	1	1	-	24	36	9	46	806	891	
Hambanthota	5	-	62	453	21	-	1	-	-	2	3	-	-	-	3	27	3	7	520	587	
Jaffna	13	1	117	521	30	2	1	-	-	1	-	-	3	13	5	84	80	29	769	899	
Kilinochchi	4	-	19	96	7	-	1	-	-	2	1	2	-	2	-	27	-	6	144	167	
Mannar	2	1	18	105	6	-	1	-	-	1	1	2	-	2	3	-	-	15	136	156	
Vavuniya	3	-	32	35	7	-	1	-	-	2	3	1	1	2	3	27	-	13	95	130	
Mullaitivu	8	-	18	102	6	-	3	-	-	-	1	-	-	-	2	-	-	8	122	148	
Batticaloa	11	2	73	410	19	-	3	-	1	1	1	1	2	4	16	1	1	11	471	555	
Ampara	5	-	33	236	14	-	1	-	1	1	-	-	1	1	4	30	-	28	317	355	
Trincomalee	8	1	44	311	14	-	1	-	-	-	2	-	-	1	7	24	-	18	378	430	
Kalmunai	8	-	36	357	13	-	1	-	1	-	1	-	1	4	12	51	1	49	491	535	
Kurunegala	7	1	131	764	53	-	2	1	-	-	13	-	1	7	23	153	10	104	1,131	1,269	
Puttalam	6	-	73	410	25	-	1	-	-	1	2	1	1	4	9	74	4	26	558	637	
Anuradhapura	10	1	107	680	43	-	1	-	-	2	3	1	1	2	2	75	-	31	841	958	
Polonnaruwa	7	-	56	371	19	-	-	-	-	3	-	-	1	1	3	-	-	7	405	468	
Badulla	9	3	81	626	27	-	1	-	-	2	4	-	-	5	14	32	-	15	726	816	
Moneragala	5	-	28	289	21	-	1	-	-	1	2	-	-	1	2	27	-	19	363	396	
Rathnapura	8	7	108	779	45	-	1	-	-	2	9	-	-	11	23	93	14	34	1,011	1,127	
Kegalle	3	-	80	572	24	1	1	-	-	2	1	1	2	5	6	11	8	23	657	740	
Total	248	81	2,850	16,248	722	10	37	12	15	38	100	15	52	119	373	1,352	674	1,193	20,960	24,058	

** Include PGIM trainees drawing their salaries from the institutions concerned

¹ Medical Officers, exclude: Administrative and Specialists² Total Medical Officers, Include: Administrative and Specialists

Continued

Source: Medical Statistics Unit

Table 6.2 : Distribution of Health Personnel by RDHS Division, 2024

RDHS Division	Consultant Dental Surgeons	Regional Dental Surgeons	Dental Surgeons	P.G.I.M Trainees**	Total Dental Surgeons ³	Registered/Assistant Medical Officers	Matrons	Ward Masters/ Sisters	Principals/Sister Tutors	Nursing Officers	Public Health Nursing Officers	Supervising Public Health Nursing Sisters/Public Health Nursing Sisters	Pupil Nurses	Total Nurses
Colombo	29	2	218	46	295	64	62	306	49	9,697	13	27	679	10,833
Gampaha	6	1	82	2	91	42	22	84	24	2,827	32	19	418	3,426
Kalutara	5	2	42	-	49	25	8	70	30	1,520	15	9	308	1,960
Kandy	13	1	123	23	160	64	30	158	25	3,749	16	23	1,288	5,289
Matale	2	1	21	5	29	11	3	45	-	644	10	8	-	710
Nuwara Eliya	3	1	20	7	31	7	8	14	-	663	4	4	-	693
Galle	5	1	75	-	81	34	8	91	16	2,622	11	19	553	3,320
Matara	4	2	40	-	46	17	8	61	10	1,789	8	10	211	2,097
Hambanthota	3	2	30	-	35	5	6	35	14	1,236	10	6	450	1,757
Jaffna	3	2	54	-	59	5	6	40	18	969	-	4	302	1,339
Kilinochchi	1	1	11	-	13	-	4	10	-	142	1	-	-	157
Mannar	1	-	18	-	19	-	3	15	-	177	1	2	-	198
Vavuniya	2	1	15	-	18	1	4	22	5	239	2	2	73	347
Mullaitivu	-	2	10	-	12	-	1	9	-	138	1	1	-	150
Batticaloa	1	2	39	-	42	6	15	32	3	928	5	8	219	1,210
Ampara	3	-	18	-	21	2	6	18	11	649	1	6	238	929
Trincomalee	1	-	32	-	33	5	3	16	3	590	2	2	-	616
Kalmunai	1	1	30	-	32	3	6	22	-	849	1	13	-	891
Kurunegala	3	3	86	1	93	44	14	94	48	2,631	44	21	551	3,403
Puttalam	2	-	33	4	39	10	5	26	-	774	18	2	20	845
Anuradhapura	3	1	40	1	45	13	10	91	23	1,608	12	16	269	2,029
Polonnaruwa	6	1	27	-	34	3	7	34	-	841	4	9	-	895
Badulla	3	2	62	1	68	27	12	74	26	1,581	15	17	373	2,098
Moneragala	1	-	28	-	29	3	5	33	-	675	12	11	-	736
Rathnapura	3	-	67	1	71	19	10	55	21	1,934	18	10	290	2,338
Kegalle	3	1	42	3	49	18	9	47	1	1,316	15	10	1	1,399
Total	107	30	1,263	94	1,494	428	275	1,502	327	40,788	271	259	6,243	49,665

³ Total Dental Surgeons, Include : Consultant Dental Surgeons, Regional Dental Surgions & PGIM Trainees

Continued...

Source: Medical Statistics Unit

Table 6.2 : Distribution of Health Personnel by RDHS Division, 2024

RDHS Division	Pharmacists	Medical Laboratory Technologists	Radiographers	Physiotherapists	Speech Therapists	Occupational Therapists	School Dental Therapists	Dental Technicians	Entomologists	Entomological Officers/Assistants	Ophthalmic Technicians	ECG Recordists	EEG Recordists	Public Health Laboratory Technician	Dispensers	Nutritionists	Photograph Technician	Audiology Technicians	Orthopedic Technicians	Cinema Technicians	Asistant Technician
Colombo	449	649	237	199	20	60	32	33	11	29	57	115	35	75	133	8	1	11	6	-	1
Gampaha	143	142	66	79	7	21	30	11	-	10	25	27	10	29	108	2	-	2	-	-	1
Kalutara	81	91	19	15	2	5	27	1	3	12	10	20	2	17	61	-	-	1	-	1	-
Kandy	185	171	64	74	6	21	19	5	5	3	23	35	12	16	103	2	-	5	3	-	-
Matale	41	32	9	7	2	2	10	1	1	3	-	8	1	13	50	-	-	-	-	-	-
Nuwara Eliya	40	36	13	10	3	3	8	-	1	2	3	8	2	3	50	-	-	-	-	-	-
Galle	107	101	38	38	7	10	20	3	1	-	13	24	6	10	81	1	-	4	-	4	-
Matara	77	69	19	18	4	8	18	2	1	4	7	17	3	15	58	1	-	1	-	-	-
Hambanthota	67	50	16	13	5	5	10	1	1	5	7	14	3	7	56	1	-	2	-	1	-
Jaffna	67	62	25	24	2	7	10	3	-	6	9	12	3	11	61	-	-	-	-	-	-
Kilinochchi	9	6	2	5	1	1	2	2	-	3	1	2	-	4	10	1	-	-	-	-	-
Mannar	13	13	2	3	1	1	4	-	1	5	1	2	-	3	18	-	-	-	-	1	-
Vavuniya	16	17	6	7	1	1	3	-	1	3	2	2	2	3	14	-	-	-	-	1	-
Mullaitivu	14	7	3	2	-	-	5	-	3	2	-	1	-	4	13	-	-	-	-	-	-
Batticaloa	62	49	16	18	2	8	5	1	1	8	4	19	3	9	37	-	-	2	-	2	-
Ampara	43	40	11	11	1	3	4	2	-	3	5	8	2	7	27	-	-	-	-	-	-
Trincomalee	45	34	13	15	2	1	6	1	1	3	5	11	2	5	21	-	-	-	-	3	2
Kalmunai	43	42	16	13	3	2	11	2	-	1	5	12	2	11	38	1	-	-	-	-	-
Kurunegala	116	110	37	42	5	7	22	4	4	10	10	25	6	39	135	-	-	1	3	-	3
Puttalam	39	48	15	8	2	2	12	1	1	8	4	8	2	10	51	-	-	1	-	-	3
Anuradhapura	79	82	24	33	4	7	18	6	1	5	8	23	7	35	93	-	-	1	-	-	-
Polonnaruwa	56	46	14	12	2	1	10	1	-	6	4	13	2	15	40	-	-	1	-	-	-
Badulla	93	84	31	20	3	6	15	6	1	4	11	17	3	16	86	-	-	2	-	-	1
Moneragala	38	37	11	6	2	3	11	-	1	5	4	9	-	13	44	-	-	1	-	-	-
Rathnapura	91	88	26	24	4	6	17	2	4	8	12	17	4	20	95	1	-	2	-	-	-
Kegalle	62	55	17	14	3	4	15	1	2	6	7	8	2	14	76	-	-	1	-	-	-
Total	2,076	2,161	750	710	94	195	344	89	45	154	237	457	114	404	1,559	18	1	38	12	13	11

Continued...

Source: Medical Statistics Unit

Table 6.2 : Distribution of Health Personnel by RDHS Division, 2024

RDHS Division	Food and Drug Inspectors	Supervising Public Health Inspectors	Public Health Inspectors	Public Health Field Officers	Public Health Field Assistants	Supervising Public Health Midwives	Public Health Midwives	Hospital Midwives	Total Midwives	MRO	MRA	SSO	PPO	PPA	DO	DA
Colombo	2	9	291	23	3	33	451	221	705	4	6	-	5	20	718	32
Gampaha	3	8	204	23	13	5	533	135	673	3	2	-	-	6	189	4
Kalutara	2	10	100	22	-	10	378	127	515	-	4	-	-	1	173	10
Kandy	3	17	95	17	-	15	426	150	591	-	12	10	38	-	278	-
Matale	1	5	42	11	-	7	158	57	222	1	1	7	7	2	87	1
Nuwara Eliya	2	7	46	5	-	10	263	102	375	1	1	1	4	3	42	-
Galle	2	11	113	17	-	15	310	118	443	2	5	-	1	15	303	8
Matara	2	13	87	23	-	8	241	122	371	-	2	-	1	17	233	6
Hambanthota	2	9	64	21	-	7	206	77	290	-	-	-	-	3	185	1
Jaffna	4	13	70	16	-	9	151	76	236	-	-	1	1	-	268	-
Kilinochchi	1	4	16	9	-	2	44	18	64	-	-	-	-	-	54	-
Mannar	1	8	18	4	-	3	60	32	95	-	-	-	-	-	84	-
Vavuniya	1	3	17	5	-	1	45	32	78	-	-	-	1	2	48	3
Mullaitivu	1	4	20	4	-	1	49	19	69	-	-	-	-	-	64	-
Batticaloa	2	11	53	49	-	10	135	116	261	-	1	-	5	-	176	2
Ampara	2	7	30	24	1	4	93	63	160	-	-	-	-	-	40	-
Trincomalee	2	13	35	24	-	14	130	92	236	-	-	-	-	-	102	-
Kalmunai	1	14	49	25	2	10	179	102	291	2	1	-	3	-	165	2
Kurunegala	2	16	126	23	1	15	375	144	534	4	18	8	-	-	490	3
Puttalam	1	8	50	16	-	11	206	61	278	-	3	-	-	3	83	-
Anuradhapura	1	9	76	24	1	5	259	141	405	-	2	-	-	3	72	2
Polonnaruwa	-	2	41	11	1	5	134	44	183	-	2	-	-	3	27	4
Badulla	1	7	69	8	1	11	291	100	402	-	-	-	-	-	195	1
Moneragala	2	4	46	9	1	31	172	72	275	1	6	2	-	6	106	26
Rathnapura	2	17	97	16	1	12	331	110	453	1	-	1	2	3	372	2
Kegalle	-	12	66	10	-	9	234	80	323	-	4	-	-	8	276	2
Total	43	241	1,921	439	25	263	5,854	2,411	8,528	19	70	30	68	95	4,830	109

Continued...

Source: Medical Statistics Unit

Table 6.2 : Distribution of Health Personnel by RDHS Division, 2024

RDHS Division	Attendants	Accountant	Administrative Officers	Management Assistants	Ward Clerks	Telephone Operators	Drivers	SKS (Ordinary)	SKS (Junior)	SKS (Other)	Any Other	Total
Colombo	1,099	41	43	798	109	47	560	3,178	4,200	57	1,673	32,671
Gampaha	310	8	12	213	20	18	134	545	1,233	31	385	10,218
Kalutara	291	4	6	146	9	12	81	284	998	23	197	6,269
Kandy	595	6	11	256	29	22	183	1,387	1,550	182	441	14,044
Matale	54	2	2	70	1	4	62	337	318	19	47	2,692
Nuwara Eliya	180	1	5	65	8	5	55	369	495	26	145	3,244
Galle	353	9	10	214	21	17	120	741	1,315	12	328	9,233
Matara	323	3	5	104	17	10	90	512	668	11	228	6,099
Hambanthota	255	1	3	109	10	11	82	338	759	8	138	4,937
Jaffna	379	6	9	122	3	14	105	319	474	130	173	4,948
Kilinochchi	82	2	2	34	1	1	32	79	150	59	56	1,032
Mannar	100	-	2	26	28	3	26	155	121	61	67	1,241
Vavuniya	102	2	3	52	10	3	49	158	127	1	106	1,346
Mullaitivu	87	3	1	37	1	-	40	71	138	11	98	1,013
Batticaloa	165	5	6	105	-	4	61	476	478	112	167	4,200
Ampara	190	2	3	80	6	4	52	288	559	9	149	3,080
Trincomalee	175	4	10	88	3	5	73	259	304	9	215	2,812
Kalmunai	200	4	3	143	3	7	78	344	605	6	133	3,744
Kurunegala	541	5	8	190	12	15	121	886	1,204	125	193	9,914
Puttalam	97	2	4	50	2	5	45	270	514	28	59	3,264
Anuradhapura	420	3	7	186	4	9	127	657	678	25	169	6,352
Polonnaruwa	204	3	4	87	6	10	74	351	580	30	93	3,339
Badulla	443	4	7	168	19	11	139	1,086	456	13	171	6,612
Moneragala	180	2	5	67	8	6	68	321	349	8	182	3,029
Rathnapura	334	4	9	204	18	17	123	741	1,254	28	166	7,848
Kegalle	245	4	5	128	11	11	63	230	821	187	116	5,015
Total	7,404	130	185	3,742	359	271	2,643	14,382	20,348	1,211	5,895	158,196

Source: Medical Statistics Unit

Table 6.3 : Distribution of Specialists in Curative Care Services¹ by RDHS Division, 2024

RDHS Division	Physician																					
	General Physicians	Cardiologists	Chest Physicians	Neurologists	Deamatoologists	Rheumatologists	Psychiatrists	Paediatricians	Anaesthesiologists	Histo-Pathologists/Chemical Pathologists	Haematologists	Bacteriologists/Microbiologists/Virologists/Mycologists	Biochemists	Oncologists/Radiotherapists	Radiologists	Venereologists	Forensic Pathologists/Judicial Medical Officers	Public Health/ Community Health Physicians	Endocrinologists	Gastroenterologists	Nephrologists	Total Physician
Colombo	67	23	10	14	20	10	28	40	40	25	22	25	2	19	44	10	16	64	12	8	11	510
Gampaha	25	5	6	3	4	4	4	12	14	7	6	5	1	2	11	4	5	3	4	3	3	131
Kalutara	12	4	1	1	4	2	3	12	5	4	4	2	-	1	5	1	3	5	1	1	1	72
Kandy	10	1	-	-	1	-	1	3	2	2	-	-	-	-	3	-	-	-	-	1	-	24
Matale	37	9	6	4	7	5	14	14	17	9	6	7	2	3	14	3	4	3	3	3	4	174
Nuwara Eliya	5	1	1	1	1	1	2	4	4	1	2	1	-	1	2	1	1	1	1	1	1	33
Galle	7	2	1	-	2	1	3	3	2	1	1	-	-	1	4	1	2	1	1	-	-	33
Matara	13	3	3	2	4	3	5	11	4	4	3	2	-	2	6	1	3	-	2	2	1	74
Hambanthota	9	1	1	1	3	1	4	8	6	4	1	2	-	1	7	2	1	2	1	1	1	57
Jaffna	18	4	1	4	4	2	5	12	12	7	5	4	-	5	12	3	5	5	1	1	2	112
Kilinochchi	13	2	-	1	2	2	4	6	4	1	1	1	1	2	7	1	2	-	1	1	1	53
Mannar	8	1	1	1	2	-	3	6	2	3	2	2	-	1	5	1	2	1	1	-	-	42
Vavuniya	17	3	1	2	3	1	2	8	8	3	1	-	-	3	9	-	2	1	1	1	2	68
Mullaitivu	2	-	-	-	1	-	-	2	1	2	1	-	-	-	-	-	-	-	-	-	-	9
Batticaloa	2	1	1	-	1	-	-	1	1	1	-	-	-	-	1	-	-	-	-	-	-	9
Ampara	3	1	1	-	1	1	1	2	2	2	1	1	-	1	2	1	1	-	1	-	1	23
Trincomalee	4	1	-	-	1	-	-	3	1	-	-	-	-	-	1	-	1	-	-	-	-	12
Kalmunai	9	2	2	1	3	3	2	3	4	2	1	1	-	2	4	-	2	-	1	1	1	44
Kurunegala	4	1	1	-	1	1	1	3	2	-	1	1	-	-	3	1	-	-	-	-	1	21
Puttalam	8	1	1	-	1	-	1	3	3	2	1	-	-	-	2	-	1	2	-	-	1	27
Anuradhapura	16	4	1	2	4	1	5	13	6	5	5	2	-	2	6	1	4	1	1	2	2	83
Polonnaruwa	9	2	2	1	2	1	2	6	4	1	2	2	-	1	5	1	2	-	1	1	1	46
Badulla	12	3	2	2	2	2	4	5	4	4	2	1	-	2	4	1	4	-	3	1	1	59
Moneragala	7	3	2	1	2	1	2	2	3	2	1	1	-	1	2	1	1	-	2	1	4	39
Rathnapura	8	2	1	1	2	2	4	5	4	5	1	1	-	2	4	1	3	-	1	1	1	49
Kegalle	5	1	1	-	-	1	1	1	2	2	1	-	-	-	2	-	-	-	-	-	1	18
Sri Lanka	330	81	47	42	78	45	101	188	157	99	71	61	6	52	165	35	65	89	39	30	41	1,822

Exclude: ¹Specialists working under University Grant Commission

Continued...

Source: Medical Statistics Unit

Table 6.3 : Distribution of Specialists in Curative Care Services¹ by RDHS Division, 2024

RDHS Division	Surgeons															Other ²	Total Physician	Total Surgeon	Grand Total
	General Surgeons	Obstetricians & Gynaecologists	Thoracic Surgeons	Neuro Surgeons	Paediatric Surgens	ENT Surgeons	Eye Surgens	Orthopaedic Surgens	Plastic Surgens	Genito Urinary Surgens	Oncology Surgens	Dental Surgens - Orthodontists	Dental Surgens - Maxillofacial	Dental Surgens - Restorative					
Colombo	46	30	6	11	4	14	21	23	8	7	5	9	10	8	107	510	202	819	
Gampaha	14	11	4	-	1	4	7	5	1	3	1	4	3	-	26	131	58	215	
Kalutara	7	7	-	-	-	2	3	2	-	1	-	2	2	1	15	72	27	114	
Kandy	4	5	-	-	-	-	1	2	-	1	-	-	-	-	-	24	13	37	
Matale	17	20	4	2	4	5	9	11	1	2	2	6	6	1	29	174	90	293	
Nuwara Eliya	3	5	-	-	-	1	1	2	-	-	-	1	1	-	2	33	14	49	
Galle	4	5	-	-	-	1	2	1	-	1	-	2	1	-	5	33	17	55	
Matara	7	9	-	-	1	2	3	3	-	2	1	2	1	-	6	74	31	111	
Hambanthota	6	7	-	-	-	1	2	3	-	1	-	1	1	1	3	57	23	83	
Jaffna	10	9	3	2	2	2	5	3	1	2	-	1	3	1	19	112	44	175	
Kilinochchi	5	10	-	-	-	1	1	2	-	1	-	2	1	1	4	53	24	81	
Mannar	7	6	-	-	-	1	3	1	-	1	-	2	1	-	1	42	22	65	
Vavuniya	11	8	2	1	1	2	2	4	1	2	2	1	1	1	13	68	39	120	
Mullaitivu	1	2	-	-	-	1	1	2	-	-	-	1	-	-	3	9	8	20	
Batticaloa	1	2	1	-	-	1	-	2	-	-	1	1	-	-	1	9	9	19	
Ampara	2	2	-	-	-	1	1	2	-	1	-	1	1	-	-	23	11	34	
Trincomalee	2	3	-	-	-	-	-	1	-	-	-	-	-	-	-	12	6	18	
Kalmunai	7	7	-	1	-	1	1	2	1	2	1	1	-	-	6	44	24	74	
Kurunegala	3	5	-	-	-	-	-	1	-	1	-	1	1	1	2	21	13	36	
Puttalam	4	6	-	-	-	1	1	2	-	2	-	1	-	-	1	27	17	45	
Anuradhapura	8	11	1	2	1	3	5	4	-	2	2	1	2	-	9	83	42	134	
Polonnaruwa	6	6	-	1	-	2	3	3	-	1	-	1	1	-	5	46	24	75	
Badulla	5	5	-	1	1	2	5	2	2	2	2	1	2	1	20	59	31	110	
Moneragala	3	4	-	-	-	1	2	2	-	1	-	2	2	2	4	39	19	62	
Rathnapura	6	8	-	1	1	2	2	2	-	1	2	1	1	1	7	49	28	84	
Kegalle	2	5	-	-	-	1	1	1	-	-	-	-	1	-	-	18	11	29	
Sri Lanka	191	198	21	22	16	52	82	88	15	37	19	45	42	19	288	1,822	847	2,957	

Exclude: ¹Specialists working under University Grant Commission

Source: Medical Statistics Unit

Include: ²Virologists, Immunologists, Parasitologists & Neonatologists, Acting Consultants

Table 7.1 : National Expenditure, Health Expenditure and GDP, 2020 - 2024

Description	2020	2021	2022	2023	2024
National Expenditure (Rs. Million)	4,457,390	4,879,195	5,985,984	10,674,332	10,806,432
Government Health Expenditure -Excluding Private Health Sector (Rs. Million)	250,813	246,158	338,712	411,753	476,201
Government Health Expenditure -Excluding Private Health Sector (as a % of National Expenditure)	5.63	5.05	5.66	3.86	4.41
Mid Year Population ('000 Persons)	21,919	22,156	22,181	22,037	21,916
Per-capita Health Expenditure - Excluding Private Health Sector (Rs.)	11,443	11,110	15,270	18,685	21,728
GDP (Rs. Million)	15,646,254	17,612,370	24,063,762	27,419,804	29,898,564
Government Health Expenditure - Excluding Private Health Sector (as a % of GDP)	1.60	1.40	1.41	1.50	1.59
GNI (Rs. Million)	15,204,860	17,216,831	23,446,104	26,586,341	29,153,861
Government Health Expenditure - Excluding Private Health Sector (as a % of GNI)	1.65	1.43	1.44	1.55	1.63

Table 7.2 : Health Expenditure by Expenditure type and Source of Fund, 2020 - 2024

Description	2020	2021	2022	2023	2024
Rs. Million					
Government Health Expenditure-Excluding Private Health Sector					
Recurrent Expenditure	206,257	207,802	299,914	378,158	438,043
Capital Expenditure	44,556	38,356	38,798	33,595	38,158
Total	250,813	246,158	338,712	411,753	476,201
Source of Fund					
Consolidated Fund	224,711	230,652	305,546	375,002	439,115
Foreign Aid	26,102	15,506	33,166	36,751	37,087
Total	250,813	246,158	338,712	411,753	476,201

Source: Central Bank of Sri Lanka - Annual Report
Ministry of Finance and Planning Sri Lanka - Annual Report
Department of State Accounts, General Treasury - Financial Statements for the year ended 31st December
Ministry of Health - Appropriation Account

Table 7.3 : Summary of Health Expenditure by Programme, 2024

Rs. Million

Programme	Ministry of Health	Provincial Health	Total
Recurrent Expenditure			
Operational Activities	333,002.60		
Minister's Office	95.25		
Ministry Administration and Establishment Services	18,611.52		
Hospital Operation	144,768.58		
Administration and Establishment Services (Indigenous Medicine)	420.82		
Development Activities	166,648.51		
National Nutrition Programme	2,457.92		
Medical Research	551.38		
Human Resources Development	17,825.86		
Medical Supplies	143,739.95		
Prevention and Control of Communicable and Non Communicable Diseases	2,073.40		
Total Recurrent Expenditure	330,544.68	107,498.16	438,042.84
Capital Expenditure			
Operational Activities	18,168.84		
Minister's Office	9.59		
Ministry Administration and Establishment Services	95.07		
Hospital Operation	18,056.56		
Administration and Establishment Services (Indigenous Medicine)	7.61		
Development Activities	15,810.33		
Hospital Development	11,819.49		
Medical Research	78.66		
Promotion of Indigenous Medicine	7.96		
Human Resources Development	1,738.14		
Medical Supplies	223.16		
Prevention and Control of Communicable and Non Communicable Diseases	1,942.92		
Total Capital Expenditure	33,979.17	4,179.00	38,158.17
Total Health Expenditure (Recurrent + Capital)			
Operational Activities	182,065.01		
Minister's Office	104.84		
Ministry Administration and Establishment Services	18,706.59		
Administration and Establishment Services (Indigenous Medicine)	162,825.14		
Hospital Operation	428.43		
Development Activities	182,458.85		
Hospital Development	11,819.49		
National Nutrition Programme	2,457.92		
Medical Research	630.04		
Promotion of Indigenous Medicine	7.96		
Human Resources Development	19,564.00		
Medical Supplies	143,963.11		
Prevention and Control of Communicable and Non Communicable Diseases	4,016.33		
Grand Total (Recurrent + Capital)	364,523.85	111,677.16	476,201.01

Source: Central Bank of Sri Lanka - Annual Report
Ministry of Finance and Planning Sri Lanka - Annual Report
Department of State Accounts, General Treasury - Financial Statements for the year ended 31st December
Ministry of Health - Appropriation Account

Table 8.1 : Summary of Indoor Morbidity and Mortality Statistics by Sex and Disease Groups, 2024

Disease Group		Live Discharges			Deaths		
		Total	Male	Female	Total	Male	Female
1	Certain infectious and parasitic diseases (A00-B99)	323,018	173,834	149,184	9,719	5,201	4,518
2	Neoplasms (C00-D48)	167,743	71,294	96,449	6,203	3,263	2,940
3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	63,872	29,747	34,125	137	72	65
4	Endocrine, nutritional and metabolic diseases (E00-E90)	121,704	53,064	68,640	846	411	435
5	Mental and behavioural disorders (F00-F99)	61,397	33,996	27,401	-	-	-
6	Diseases of the nervous system (G00-G99)	78,528	39,508	39,020	896	533	363
7	Diseases of the eye and adnexa (H00-H59)	188,721	92,554	96,167	-	-	-
8	Diseases of ear and mastoid process (H60-H95)	78,268	35,203	43,065	-	-	-
9	Diseases of the Circulatory system (I00-I99)	419,145	223,543	195,602	18,692	10,567	8,125
10	Diseases of the respiratory system (J00-J99)	576,949	300,666	276,283	14,214	8,238	5,976
11	Diseases of the digestive system (K00-K93)	381,095	207,832	173,263	4,006	2,784	1,222
12	Diseases of the skin and subcutaneous tissue (L00-L99)	233,870	133,674	100,196	106	56	50
13	Diseases of the musculoskeletal system and connective tissue (M00-M99)	196,283	102,440	93,843	166	79	87
14	Diseases of the genitourinary system (N00-N99)	583,508	299,236	284,272	3,644	2,024	1,620
15	Pregnancy, childbirth and the puerperium (O00-O99)	328,238	-	328,238	25	-	25
16	Certain conditions originating in the perinatal period (P00-P96)	48,439	24,596	23,843	929	515	414
17	Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	11,239	6,484	4,755	315	168	147
18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	816,915	403,805	413,110	1,047	615	432
19	Injury, poisoning and certain other consequences of external causes (S00-T98)	1,212,219	777,094	435,125	3,094	2,260	834
20	Others	1,235,447	676,269	559,178	4,262	2,504	1,758
Total		7,126,598	3,684,839	3,441,759	68,301	39,290	29,011

Source : Medical Statistics Unit

Table 8.2 : Indoor Morbidity and Mortality Statistics by Broad Disease Groups, 2024

Disease Group		Total*	Live Discharges										Deaths
			Total	Sex (%)		Age Group (%)							
				Male	Female	Under 1	1 - 4	5-16	17-49	50-69	70+	Unknown	
1	Intestinal infectious diseases (A00-A09)	79,274	79,158	45.3	54.7	4.8	13.6	17.2	28.5	21.0	14.8	0.0	116
2	Tuberculosis (A15-A19)	7,791	7,475	70.4	29.6	0.2	0.9	2.7	36.0	43.3	16.8	-	316
3	Zoonotic and other bacterial diseases (A20-A49)	43,604	34,474	70.1	29.9	5.6	3.0	5.6	40.4	33.0	12.4	0.0	9,130
4	Infections with sexual mode of transmission (A50-A64)	1,097	1,096	65.7	34.3	0.8	0.6	3.0	72.8	17.7	5.0	-	1
5	Viral diseases (A80-B34)	183,539	183,412	54.3	45.7	3.2	11.5	17.2	42.5	18.3	7.2	0.0	127
6	Malaria (B50-B54)	163	163	55.2	44.8	0.6	3.1	9.8	57.1	18.4	11.0	-	-
7	Helminthiasis (B76,B77,B79,B80)	31	31	67.7	32.3	6.5	22.6	22.6	29.0	16.1	3.2	-	-
8	Other infectious and parasitic diseases (A02.1-A02.9, A65-A79, B35-B49, B55-B73, B74, B75, B78, B81-B85, B86, B87-B89, B90-B94, B95-B99)	17,238	17,209	47.6	52.4	1.4	4.5	11.8	47.4	25.0	9.5	0.5	29
9	Neoplasms (C00-D48)	173,946	167,743	42.5	57.5	0.3	2.5	5.3	25.1	48.6	18.2	0.0	6,203
10	Iron deficiency anaemias (D50)	7,018	7,008	33.5	66.5	0.6	2.5	4.1	34.1	29.8	28.9	0.0	10
11	Haem. con. and other diseases of blood and ... (D51-D89)	56,991	56,864	48.2	51.8	0.7	4.6	19.6	32.6	23.3	19.2	0.0	127
12	Diabetes mellitus (E10-E14)	68,171	67,621	46.6	53.4	0.0	0.2	1.6	23.8	52.6	21.6	0.1	550
13	Malnutrition and vitamin deficiencies (E40-E46,E50-E56)	699	692	49.4	50.6	4.9	12.4	11.1	23.4	27.5	14.3	6.4	7
14	Oth eno, nutr and metabo... (E00-E07,E15-E34,E58-E89)	53,680	53,391	39.8	60.2	0.9	1.3	2.9	27.2	41.1	26.5	0.1	289
15	Mental and behavioural disorders (F00-F99)	61,397	61,397	55.4	44.6	-	0.4	5.4	59.3	26.4	8.0	0.5	-
16	Diseases of the nervous system (G00-G98)	79,424	78,528	50.3	49.7	1.8	4.2	11.3	38.4	29.5	14.7	0.2	896
17	Diseases of the eye and adnexa (H00-H59)	188,721	188,721	49.0	51.0	0.4	1.5	5.6	20.2	44.5	27.8	0.0	-
18	Dis of the ear.. (H60-H61,H65-H74,H80-H83,H90-H95)	78,268	78,268	45.0	55.0	1.5	6.4	13.6	32.5	30.3	15.7	0.0	-
19	Rheum. fever and rheum. heart dis. (I00-I02,I05-I09)	3,953	3,919	55.5	44.5	0.1	0.6	16.9	34.0	39.9	8.4	0.1	34
20	Hypertensive diseases (I10-I15)	103,533	102,956	40.6	59.4	0.0	0.0	0.3	20.6	46.3	32.7	0.1	577
21	Ischaemic heart disease (I20-I25)	165,976	157,568	56.9	43.1	0.0	0.0	0.1	19.2	51.7	28.9	0.1	8,408
22	Pulmonary heart disease and diseases of the pulmonary circulation (I26-I51)	43,210	38,729	52.4	47.6	0.3	0.3	1.4	18.7	44.7	34.6	0.0	4,481
23	Cerebrovascular disease (I60-I69)	71,598	66,688	60.7	39.3	0.0	0.1	0.2	12.9	45.2	41.4	0.1	4,910
24	Other diseases of the circulatory system (I70-I99)	49,567	49,285	58.9	41.1	0.2	0.5	2.3	29.7	46.8	20.3	0.3	282
25	Influenza (J10-J11)	2,253	2,242	51.0	49.0	4.1	27.8	36.8	15.3	10.9	5.2	-	11

Contd...

Source : Medical Statistics Unit

Table 8.2 : Indoor Morbidity and Mortality Statistics by Broad Disease Groups, 2024

	Disease Group	Total*	Live Discharges									Deaths	
			Total	Sex (%)		Age Group (%)							
				Male	Female	Under 1	1-4	5-16	17-49	50-69	70+		Unknown
26	Pneumonia (J12-J18)	33,487	27,526	51.4	48.6	4.9	11.7	13.7	16.9	28.7	24.0	0.0	5,961
27	Other dise. of the upper respir. tract (J00-J06,J30-J39)	125,145	125,104	49.7	50.3	5.9	17.2	22.0	29.1	17.3	8.5	0.0	41
28	Diseases of the resp. system exclu... (J20-J22, J40-J98)	430,278	422,077	52.9	47.1	4.4	9.6	16.6	20.4	27.1	21.8	0.1	8,201
29	Diseases of teeth and supporting structure (K00-K014)	14,160	14,157	55.5	44.5	0.9	6.7	16.4	41.4	25.3	9.2	0.0	3
30	Diseases of the gastrointestinal tract (K20-K92)	370,941	366,938	54.5	45.5	0.5	1.8	9.4	41.0	32.7	14.6	0.0	4,003
31	Diseases of skin ad subcutaneous tissue (L00-L08,L10-L98)	233,976	233,870	57.2	42.8	0.7	3.1	6.7	32.2	38.0	19.2	0.0	106
32	Diseases of the musculoskeletal system and connective tissue (M00-M99)	196,449	196,283	52.2	47.8	0.1	1.1	7.6	42.8	34.4	14.0	0.0	166
33	Diseases of the urinary system (N00-N39, N99.0, N99.1, N99.4, N99.5)	468,281	464,660	59.1	40.9	0.4	1.2	3.8	35.6	43.4	15.6	0.0	3,621
34	Diseases of breast (N60-N64)	13,521	13,519	9.2	90.8	0.3	0.4	4.1	60.8	25.6	8.7	0.0	2
35	Diseases of the male genital organs (N40-N50)	23,574	23,563	100	-	0.6	5.5	13.7	29.6	30.5	20.1	0.0	11
36	Disor. of female genito-urinary sys.(N70-N98, N99.2,N99.3)	81,776	81,766	-	100	0.1	0.2	2.5	68.1	23.7	5.4	0.0	10
37	Abortions (O00-O08)	31,384	31,383	-	100	-	-	0.3	98.5	1.0	-	0.2	1
38	False labour (O47)	6,564	6,564	-	100	-	-	0.6	99.2	0.1	-	0.1	-
39	Other obstetric conditions and those admitted and discharged before delivery	192,895	192,872	-	100	-	-	0.4	99.4	0.2	-	0.1	23
40	Single spontaneous delivery (O80)	97,420	97,419	-	100	-	-	0.3	99.6	0.0	-	0.0	1
41	Slow fetal growth, fetal malnutrition and... (P05-P07)	5,091	4,704	50.1	49.9	100	-	-	-	-	-	-	387
42	Other conditions originating in the perinatal period (P00-P04, P08-P96)	44,277	43,735	50.9	49.1	100	-	-	-	-	-	-	542
43	Congenital malformations deformations... (Q00-Q99)	11,554	11,239	57.7	42.3	29.2	28.4	28.6	10.0	2.9	0.8	0.0	315
44	Symptoms, Signs and abnormal clinical and laboratory findings (R00-R99)	817,962	816,915	49.4	50.6	1.6	4.7	11.0	38.0	29.3	15.4	0.0	1,047
45	Traumatic injuries (S00-T19, W54)	1,007,282	1,005,053	66.2	33.8	0.4	5.3	15.3	47.7	22.6	8.7	0.1	2,229
46	Burns and corrosion (T20-T32)	12,492	12,321	58.6	41.4	1.8	19.2	17.7	38.6	17.0	5.7	0.0	171
47	Toxic effects of pesticides (T60.0,T60.1-T60.9)	7,652	7,482	64.0	36.0	-	1.6	8.4	70.7	13.8	3.2	2.2	170
48	Snake bites (T63.0)	31,900	31,837	62.7	37.3	0.2	2.6	11.7	48.6	30.0	7.0	0.0	63
49	Tox. effe. of ot. sub. oth tha.. (T36-T59,T61-T62,T63.1-T65)	65,494	65,255	51.4	48.6	0.5	6.4	15.6	55.6	17.0	4.8	0.0	239
50	Effects of unspecified external causes... (T33-T35,T66-T79)	73,544	73,370	50.4	49.6	1.1	7.4	22.1	40.1	22.0	7.2	0.0	174
51	Complications of surgical and medical care... (T80-T88)	15,257	15,212	54.4	45.6	1.8	4.3	8.5	38.6	31.9	14.9	0.0	45
52	Sequelae of injuries, poisoning and of other... (T90-T98)	1,692	1,689	61.8	38.2	0.4	2.6	9.4	40.0	29.2	18.3	-	3
53	Persons encountering health services.... (Z00-Z13,Z40-Z54)	902,737	902,737	55.9	44.1	1.4	2.4	5.6	32.8	39.7	18.1	0.0	-
54	Sterilizations (Z30.2)	4,232	4,232	1.0	99.0	-	-	-	97.2	2.5	-	0.3	-
55	Undiagnosed/Uncoded	332,740	328,478	52.1	47.9	2.2	3.4	8.8	44.3	29.2	12.1	0.1	4,262
	Total	7,194,899	7,126,598	51.7	48.3	2.0	4.0	9.3	38.9	30.8	15.0	0.1	68,301

* Total = (Number of Live Discharges + Deaths)

Source : Medical Statistics Unit

Table 8.3 : Trends in Hospital Morbidity by Broad Disease Groups, 2014 - 2024

Disease Group by International Classification of Diseases (10 th Revision)		Morbidity (Cases per 100,000 population)										
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1	Certain infectious and parasitic diseases (A00-B99) ³	2,102.4	1,984.9	2,061.6	3,309.7	2,148.7	2,410.1	1,209.8	2,759.4	1,866.1	1,874.0	1,527.6
2	Neoplasms (C00-D48)	540.0	604.6	640.4	629.6	729.4	747.6	647.0	604.4	705.4	770.8	798.6
3	Diseases of the blood & blood- forming organs & certain disorders involving the immune mechanism (D50-D89)	154.9	173.9	195.2	191.2	250.5	245.6	202.4	192.0	228.7	269.8	293.9
4	Endocrine, nutritional and metabolic diseases (E00-E90)	524.9	526.9	573.6	555.2	610.5	682.5	538.3	419.6	500.1	543.4	562.6
5	Mental and behavioural disorders (F00-F99)	226.9	233.4	244.3	246.1	267.5	269.6	212.6	166.5	230.1	261.4	281.9
6	Diseases of the nervous system (G00-G99)	320.1	323.9	324.4	322.8	354.4	366.9	299.5	237.2	313.9	355.1	364.6
7	Diseases of the eye and adnexa (H00-H59)	758.8	786.6	832.3	714.6	789.1	865.3	621.0	495.6	760.2	808.3	866.4
8	Diseases of the ear and mastoid process (H60-H95)	200.0	219.0	221.6	241.1	280.8	305.0	257.5	167.3	260.9	328.0	359.3
9	Diseases of the circulatory system (I00-I99)	1,619.5	1,610.4	1,641.6	1,619.5	1,800.0	1,906.5	1,579.2	1,304.6	1,720.8	1,930.4	2,010.1
10	Diseases of the respiratory system (J00-J99)	2,847.0	3,028.4	2,513.2	2,935.2	2,939.0	2,991.6	1,378.8	804.6	2,091.1	2,763.1	2,714.0
11	Diseases of the digestive system (K00-K93)	1,482.9	1,545.1	1,552.4	1,544.8	1,704.7	1,718.9	1,391.6	1,069.3	1,439.3	1,602.4	1,768.0
12	Diseases of the skin and subcutaneous tissue (L00-L99)	1,038.9	991.1	1,121.5	1,045.0	1,063.8	1,157.3	931.4	653.2	897.6	993.9	1,074.2
13	Diseases of the musculoskeletal system and connective tissue (M00-M99)	777.1	804.1	838.9	817.2	910.8	938.1	753.2	537.7	717.6	843.4	901.9
14	Diseases of the genitourinary system (N00-N99)	1,601.3	1,620.8	1,747.4	1,786.3	2,096.6	2,419.2	2,178.3	1,843.9	2,248.7	2,546.7	2,695.6
15	Pregnancy, childbirth and the puerperium ^{1,4} (O00-O99, Z35)	5,266.0	5,226.2	5,167.6	5,211.2	5,619.5	5,587.5	5,056.3	4,386.3	4,289.5	3,914.6	4,103.9
16	Certain conditions originating in the perinatal period ² (P00-P96)	12,729.4	13,138.4	13,565.6	14,182.4	15,658.1	16,500.1	15,158.5	15,340.5	17,575.5	19,718.0	NA
17	Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	58.7	54.8	55.0	54.0	56.4	60.8	45.9	41.5	50.3	52.4	53.0
18	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified (R00-R99)	2,549.7	2,708.0	2,854.7	3,051.5	3,325.2	3,389.5	2,376.0	1,966.4	2,943.3	3,541.5	3,755.3
19	Injury, poisoning and certain other consequences of external causes (S00-T98)	5,289.8	5,446.5	5,753.6	5,818.9	6,227.5	6,272.7	5,182.9	4,315.2	5,002.5	5,191.9	5,579.5

¹ Rate Per 100,000 females of the reproductive age group² Per 100,000 live births / infant population

Excludes:

⁴ Single spontaneous delivery, false labour and those admitted and discharged before delivery

Source : Medical Statistics Unit

Table 8.4 : Trends in Hospital Mortality by Broad Disease Groups, 2014 - 2024

Disease Group by International Classification of Diseases (10 th Revision)		Mortality (Cases per 100,000 population)										
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1	Certain infectious and parasitic diseases (A00-B99) ²	21.5	22.8	26.0	28.8	27.3	32.5	26.0	85.0	49.2	44.3	44.6
2	Neoplasms (C00-D48)	24.0	22.9	24.3	23.0	26.7	28.9	24.4	23.1	25.9	26.7	28.5
3	Diseases of the blood & blood-forming organs & certain disorders involving the immune mechanism (D50-D89)	0.5	0.5	0.4	0.5	0.5	0.5	0.4	0.5	0.8	0.5	0.6
4	Endocrine, nutritional and metabolic diseases (E00-E90)	3.8	3.9	4.4	4.4	4.1	4.2	3.5	4.1	4.1	3.6	3.9
5	Mental and behavioural disorders (F00-F99)	-	-	-	-	-	-	-	-	-	-	-
6	Diseases of the nervous system (G00-G99)	2.9	2.8	2.8	3.0	3.1	3.3	2.6	3.1	3.5	3.9	4.1
7	Diseases of the eye and adnexa (H00-H59)	-	-	-	-	-	-	-	-	-	-	-
8	Diseases of the ear and mastoid process (H60-H95)	-	-	-	-	-	-	-	-	-	-	-
9	Diseases of the circulatory system (I00-I99)	69.6	68.6	66.7	70.3	74.3	78.7	66.1	69.0	83.6	84.8	85.8
10	Diseases of the respiratory system (J00-J99)	30.1	35.3	30.0	39.6	40.6	46.3	30.8	31.8	54.2	63.4	65.3
11	Diseases of the digestive system (K00-K93)	11.6	11.1	11.1	11.1	11.6	12.3	11.0	12.5	18.3	19.1	18.4
12	Diseases of the skin and subcutaneous tissue (L00-L99)	0.3	0.4	0.5	0.5	0.4	0.5	0.4	0.3	0.5	0.5	0.5
13	Diseases of the musculoskeletal system and connective tissue (M00-M99)	0.3	0.2	0.3	0.3	0.3	0.5	0.4	0.6	0.6	0.6	0.8
14	Diseases of the genitourinary system (N00-N99)	13.1	13.0	12.8	12.9	13.2	14.4	12.6	14.1	16.6	16.4	16.7
15	Pregnancy, childbirth and the puerperium ^{1,4} (O00-O99, Z35)	0.6	0.6	0.6	0.7	0.9	0.7	0.9	1.2	0.7	0.9	0.4
16	Certain conditions originating in the perinatal period ² (P00-P96)	360.3	372.1	308.1	338.9	375.2	372.7	349.7	445.1	404.3	397.3	NA
17	Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	2.9	3.2	2.4	2.5	2.6	2.7	2.1	2.4	2.1	1.7	1.4
18	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified (R00-R99)	6.6	4.8	3.1	3.3	3.5	3.3	2.7	2.6	4.1	5.0	4.8
19	Injury, poisoning and certain other consequences of external causes (S00-T98)	12.4	12.7	12.9	13.1	13.7	13.8	10.9	12.4	14.1	11.8	14.2

¹ Rate Per 100,000 females of the reproductive age group² Per 100,000 live births / infant population

Excludes:

⁴ Single spontaneous delivery, false labour and those admitted and discharged before delivery

Source : Medical Statistics Unit

Table 8.5 : Trends in Hospitalization and Hospital Deaths of Selected Diseases, 2018 - 2024

Disease and ICD Code		Number of Hospitalizations per 100,000 population							Number of Deaths per 100,000 population						
		2018	2019	2020	2021	2022	2023	2024	2018	2019	2020	2021	2022	2023	2024
Intestinal infectious diseases	(A00 - A09)	592.5	529.7	277.5	185.3	312.7	391.0	363.9	0.4	0.4	0.2	0.3	0.3	0.4	0.5
Tuberculosis	(A15 - A19)	39.8	38.5	30.0	22.1	31.0	38.3	35.8	1.2	1.2	1.1	0.9	1.5	1.5	1.5
Whooping cough	(A37)	0.3	0.2	0.0	0.0	0.5	0.8	0.4	-	-	-	-	-	-	-
Septicaemia	(A40, A41)	63.3	71.4	59.5	57.5	76.0	86.0	90.2	23.8	28.6	22.8	25.2	35.6	39.8	40.5
Measles	(B05)	0.4	0.5	0.1	0.1	0.1	2.4	1.5	-	-	-	-	-	-	-
Viral hepatitis	(B15 - B19)	4.8	4.8	3.7	3.4	4.3	3.5	3.8	-	-	-	-	-	-	-
Malaria	(B50 - B54)	0.3	0.3	0.2	0.2	0.3	0.9	0.7	-	-	-	-	-	-	-
Helminthiasis	(B76, B77, B79, B80)	0.4	0.4	0.1	0.1	0.1	0.1	0.1	-	-	-	-	-	-	-
Diabetes mellitus	(E10 - E14)	431.6	492.3	376.7	277.3	302.2	310.1	313.0	3.3	3.3	2.7	3.4	2.9	2.4	2.5
Nutritional deficiencies	(E40 - E46, E50 - E56)	4.0	3.7	2.6	2.4	3.3	3.1	3.2	-	-	-	-	-	-	-
Anaemias	(D50 - D64)	189.3	183.0	152.9	138.5	174.7	210.0	233.8	0.3	0.3	0.3	0.4	0.5	0.3	0.3
Hypertensive disease	(I10 - I15)	468.6	498.9	425.8	297.9	427.9	479.6	475.3	2.9	2.8	2.4	2.8	2.9	2.4	2.6
Ischaemic heart disease	(I20 - I25)	630.8	667.2	563.7	493.1	628.2	712.6	762.0	34.2	37.2	30.4	32.3	38.5	38.7	38.6
Asthma	(J45 - J46)	811.9	815.5	465.5	282.7	647.6	737.2	740.1	2.6	2.6	1.3	1.3	2.3	2.1	1.8
Diseases of the liver	(K70 - K76)	82.1	87.5	78.1	81.7	120.5	137.8	131.7	8.9	9.4	8.5	9.7	15.0	16.2	15.0
Abortions ¹	(O00 - O08)	895.1	853.1	761.3	629.9	614.8	551.8	574.3	0.1	-	-	0.1	0.1	-	-

¹ Rate per 100,000 females of the reproductive age group

Source : Medical Statistics Unit

Table 8.6 : Leading Causes of Hospitalization, 2024

Rank Order	ICD Code (10 th Revision)	Causes of Hospitalization	Hospitalizations	
			Number	%
1	(S00-T19, W54)	Traumatic injuries	1,007,282	17.2
2	(R00-R99)	Symptoms, Signs and abnormal clinical findings	817,962	14.0
3	(N00-N39, N99.0, N99.1, N99.4, N99.5)	Diseases of the urinary system	468,281	8.0
4	(J20-J22, J40-J98)	Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	430,278	7.3
5	(K20-K92)	Diseases of the gastrointestinal tract	370,941	6.3
6	(L00-L08, L10-L98)	Diseases of skin and subcutaneous tissue	233,976	4.0
7	(M00-M99)	Diseases of the musculoskeletal system and connective tissue	196,449	3.4
8	(O10 - O46, O48 - O75, O81 - O99, Z35)	Direct and indirect obstetric causes	192,895	3.3
9	(H00-H59)	Diseases of the eye and adnexa	188,721	3.2
10	(A80-B34)	Viral diseases	183,539	3.1
11	(C00-D48)	Neoplasms	173,946	3.0
12	(I20-I25)	Ischaemic heart disease	165,976	2.8
	A00 - T98, Z35, Z00 - Z13, Z30.2, Z40 - Z54, W54	All causes 1	5,855,438	100.0

¹ Analysed all discharges (Live Discharges+Deaths) excluding ,

Source : Medical Statistics Unit

Single spontaneous delivery, False labour and those admitted and discharged before delivery,

Persons encountering health services for examination, investigation and for specific procedures of health care,

Undiagnosed/uncoded

Table 8.7 : Leading Causes of Hospital Deaths, 2024

Rank Order	ICD Code (10 th Revision)	Immediate cause of death	Hospital Deaths	
			Number	%
1	(A20-A49)	Zoonotic and other bacterial diseases	9,130	14.3
2	(I20-I25)	Ischaemic heart disease	8,408	13.1
3	(J20-J22, J40-J98)	Diseases of the respiratory system excluding diseases of upper respiratory tract, pneumonia and influenza	8,201	12.8
4	(C00-D48)	Neoplasms	6,203	9.7
5	(J12-J18)	Pneumonia	5,961	9.3
6	(I60-I69)	Cerebrovascular disease	4,910	7.7
7	(I26-I51)	Pulmonary heart disease and diseases of the pulmonary circulation	4,481	7.0
8	(K20-K92)	Diseases of the gastrointestinal tract	4,003	6.3
9	(N00-N39, N99.0, N99.1, N99.4, N99.5)	Diseases of the urinary system	3,621	5.7
10	(S00-T19, W54)	Traumatic injuries	2,229	3.5
11	(R00-R99)	Symptoms, signs and abnormal clinical and laboratory findings	1,047	1.6
12	(G00-G98)	Diseases of the nervous system	896	1.4
	A00 - T98, Z00 - Z13, Z35, Z40 - Z54, W54	All causes 2	64,039	100.0

¹ Includes deaths reported (not classified by type of neoplasm) from Cancer Institute, Maharagama

Source : Medical Statistics Unit

² Analysed all deaths excluding undiagnosed/uncoded

Table 8.8 : Cases and Hospital Deaths of Poisoning and Case Fatality Rate¹ by RDHS Division, 2024

RDHS Division	Poisoning by Drugs, Medicaments and Biological Substances		Toxic Effects of Pesticides				Toxic Effects of Other Substances Mainly Non Medicinal		Total			Rate per 100,000 Population	
			Organophosphate and Carbamate Insecticides		Other Pesticides				Number		Case Fatality Rate ¹		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths
Colombo	1,514	5	36	1	135	2	1,503	5	3,188	13	0.41	134.2	0.5
Gampaha	1,899	2	62	3	112	3	1,527	6	3,600	14	0.39	147.8	0.6
Kalutara	1,375	3	54	2	142	4	1,343	9	2,914	18	0.62	223.2	1.4
Kandy	1,569	5	163	6	95	2	2,544	2	4,371	15	0.34	299.0	1.0
Matale	801	-	277	7	100	-	1,016	1	2,194	8	0.36	416.4	1.5
Nuwara Eliya	595	2	372	16	65	1	2,944	8	3,976	27	0.68	548.2	3.7
Galle	926	5	24	1	195	4	1,218	12	2,363	22	0.93	215.3	2.0
Matara	759	1	27	-	84	5	1,152	9	2,022	15	0.74	241.3	1.8
Hambantota	446	1	155	3	88	-	1,426	10	2,115	14	0.66	315.0	2.1
Jaffna	807	3	102	-	62	1	2,293	5	3,264	9	0.28	548.8	1.5
Kilinochchi	210	1	320	2	6	-	879	-	1,415	3	0.21	1,035.0	2.2
Mannar	321	3	28	-	8	-	692	-	1,049	3	0.29	847.6	2.4
Vavuniya	21	-	3	-	5	-	798	1	827	1	0.12	479.9	0.6
Mullaitivu	195	2	206	6	16	-	767	-	1,184	8	0.68	965.6	6.5
Batticaloa	1,511	9	103	2	65	2	2,133	24	3,812	37	0.97	639.7	6.2
Ampara	567	4	165	1	25	-	609	-	1,366	5	0.37	501.0	1.8
Trincomalee	603	1	18	3	86	2	991	-	1,698	6	0.35	383.5	1.4
Kalmunai	493	1	77	-	30	-	1,680	3	2,280	4	0.18	483.2	0.8
Kurunegala	2,074	7	888	19	194	3	3,465	7	6,621	36	0.54	374.5	2.0
Puttalam	747	5	255	6	119	1	1,692	2	2,813	14	0.50	343.5	1.7
Anuradhapura	1,924	2	443	18	681	5	3,625	11	6,673	36	0.54	695.0	3.7
Polonnaruwa	594	8	515	16	62	1	1,225	8	2,396	33	1.38	535.4	7.4
Badulla	772	2	260	5	56	-	2,792	12	3,880	19	0.49	444.8	2.2
Moneragala	564	-	286	11	130	1	1,290	4	2,270	16	0.70	430.3	3.0
Rathnapura	1,028	5	28	-	107	1	2,034	19	3,197	25	0.78	279.1	2.2
Kegalle	523	2	102	4	15	-	1,018	2	1,658	8	0.48	190.5	0.9
Total	22,838	79	4,969	132	2,683	38	42,656	160	73,146	409	0.56	335.8	1.9

¹ Deaths per 100 cases

Cases = Live discharges+deaths

Source : Medical Statistics Unit

Table 8.9 : Distribution of Hospitalization with Mental Disorders by RDHS Division, 2024

RDHS Division	Dementia	Mental and Behavioral Disorders		Schizophrenia, Schizotypal and Delusional Disorders	Mood Disorders	Neurotic, Stress-Related Somatoform Disorders	Mental Retardation Related Disorders	Behavioral and Emotional Disorders Usually in Childhood and Adolescence	Other and Unspecified Mental Disorders	Total
		Due to Use of Alcohol	Due to Other Psychoactive Substance Use							
Colombo	358	786	622	3,137	3,337	957	118	220	985	10,520
Gampaha	111	899	358	1,289	1,864	429	2	31	556	5,539
Kalutara	152	552	67	352	1,095	284	5	83	251	2,841
Kandy	116	542	121	779	2,754	647	12	69	533	5,573
Matale	42	258	34	208	865	264	7	17	112	1,807
Nuwara Eliya	27	354	16	239	535	217	3	14	98	1,503
Galle	80	388	30	1,070	1,068	267	1	55	586	3,545
Matara	37	184	19	224	529	90	-	10	236	1,329
Hambantota	33	96	10	456	281	119	-	32	330	1,357
Jaffna	62	185	57	704	436	403	7	20	293	2,167
Kilinochchi	11	133	28	94	111	90	12	17	51	547
Mannar	10	34	29	81	152	147	6	7	227	693
Vavuniya	2	12	14	126	144	51	1	3	20	373
Mullaitivu	2	139	4	178	176	23	2	3	15	542
Batticaloa	11	82	82	520	884	182	4	60	184	2,009
Ampara	19	80	27	188	257	129	-	16	68	784
Trincomalee	4	27	18	69	79	105	-	7	40	349
Kalmunai	11	80	24	290	138	199	4	11	125	882
Kurunegala	66	732	74	687	1,475	354	1	157	312	3,858
Puttalam	5	382	17	97	242	247	1	3	97	1,091
Anuradhapura	85	329	80	604	1,423	419	10	176	670	3,796
Polonnaruwa	32	242	22	302	326	141	4	4	131	1,204
Badulla	52	234	28	477	1,153	231	5	67	234	2,481
Monaragala	11	101	38	251	590	280	1	30	141	1,443
Ratnapura	53	667	180	527	833	358	3	8	229	2,858
Kegalle	49	427	46	407	835	292	13	27	210	2,306
Total	1,441	7,945	2,045	13,356	21,582	6,925	222	1,147	6,734	61,397

Source : Medical Statistics Unit

Table 8.10 : Case Fatality Rate¹ for Selected Diseases, 2019 - 2024

Disease and ICD Code		2019			2020			2021			2022			2023			2024		
		Cases	Deaths	Case Fatality Rate															
Typhoid and para typhoid	(A01)	680	-	-	272	-	-	241	-	-	216	-	-	184	-	-	239	-	-
Tetanus	(A34, A35)	183	5	2.7	55	1	1.8	327	5	1.5	96	4	4.2	197	1	0.5	409	2	0.5
Shigellosis	(A03)	954	-	-	412	-	-	254	1	0.4	360	-	-	393	-	-	251	1	0.4
Slow fetal growth, fetal malnutrition and disorders related to short gestation and low birth weight	(P05 - P07)	6,603	518	7.8	6,106	444	7.3	6,002	508	8.5	6,011	451	7.5	5,182	396	7.6	5,091	387	7.6
Measles	(B05)	102	-	-	25	-	-	20	-	-	17	-	-	523	1	0	336	-	-
Whooping cough	(A37)	36	-	-	3	-	-	5	-	-	107	-	-	173	-	-	77	-	-
Viral hepatitis	(B15 - B19)	1,047	7	0.7	820	7	0.9	764	4	0.5	949	4	0.4	767	5	0.7	824	3	0.4
Malaria	(B50 - B54)	58	-	-	49	-	-	43	-	-	58	-	-	208	-	-	163	-	-
Tetanus neonatorum	(A33)	8	-	-	-	-	-	2	-	-	3	1	33	-	-	-	2	-	-
Diseases of the liver	(K70 - K76)	19,078	2,052	10.8	17,117	1,868	10.9	18,093	2,159	11.9	26,733	3,328	12.4	30,369	3,560	11.7	28,677	3,278	11.4
Septicaemia	(A40, A41)	15,573	6,237	40.1	13,044	5,008	38.4	12,732	5,584	43.9	16,868	7,890	46.8	18,955	8,762	46.2	19,643	8,814	44.9
Snake bites	(T63.0)	34,239	50	0.1	30,046	45	0.1	25,043	46	0.2	27,869	65	0.2	29,975	48	0.2	31,900	63	0.2
Hypertensive diseases	(I10 - I15)	108,782	607	0.6	93,335	533	0.6	66,010	619	0.9	94,904	648	0.7	105,686	518	0.5	103,533	577	0.6
Ischaemic heart disease	(I20 - I25)	145,475	8,121	5.6	123,557	6,665	5.4	109,247	7,150	6.5	139,333	8,550	6.1	157,044	8,518	5.4	165,976	8,408	5.1
Pneumonia	(J12 - J18)	27,252	4,299	15.8	13,284	2,598	19.6	11,417	3,268	28.6	25,465	5,215	20.5	33,671	6,145	18.3	33,487	5,961	17.8
Asthma	(J45 - J46)	177,794	569	0.3	102,029	279	0.3	62,635	292	0.5	143,643	507	0.4	162,465	452	0.3	161,211	383	0.2
Bacterial meningitis	(G00, G03)	4,132	125	3.0	2,916	89	3.1	2,555	77	3.0	3,349	116	3.5	4,048	170	4.2	3,334	135	4.0

¹ Deaths per 100 cases

Table 8.11 : Inpatients Treated and Hospital Deaths by Level of Care and RDHS Division, 2024

RDHS Division	Tertiary		Secondary		Primary		Other		Total		Hospital Deaths per 100 Cases
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	
Colombo	681,163	11,238	76,164	1,157	47,141	53	34,824	175	839,292	12,623	1.5
Gampaha	352,691	5,585	159,403	1,364	64,823	96	2,321	-	579,238	7,045	1.2
Kalutara	177,111	1,903	86,171	1,038	73,296	103	-	-	336,578	3,044	0.9
Kandy	368,835	5,077	31,964	332	120,685	211	2,330	-	523,814	5,620	1.1
Matale	79,700	844	50,555	544	48,129	105	-	-	178,384	1,493	0.8
Nuwara Eliya	67,703	859	50,915	426	65,078	102	-	-	183,696	1,387	0.8
Galle	216,485	3,468	111,342	1,213	78,259	92	-	-	406,086	4,773	1.2
Matara	126,418	1,676	48,978	265	58,049	82	-	-	233,445	2,023	0.9
Hambantota	85,098	737	87,459	755	59,275	40	-	-	231,832	1,532	0.7
Jaffna	144,931	1,740	86,641	505	21,081	7	924	-	253,577	2,252	0.9
Kilinochchi	41,029	107	3,523	-	10,832	1	-	-	55,384	108	0.2
Mannar	29,779	171	3,231	15	12,794	20	247	-	46,051	206	0.4
Vavuniya	69,765	566	8,212	9	2,138	-	-	-	80,115	575	0.7
Mullaitivu	26,923	116	15,011	9	794	-	-	-	42,728	125	0.3
Batticaloa	104,825	880	87,933	238	40,074	23	-	-	232,832	1,141	0.5
Ampara	65,217	590	47,148	191	17,891	13	-	-	130,256	794	0.6
Trincomalee	13,454	44	67,889	315	15,224	16	-	-	96,567	375	0.4
Kalmunai	-	-	166,735	741	47,008	16	45	-	213,788	757	0.4
Kurunegala	258,875	4,166	117,257	960	155,478	277	-	-	531,610	5,403	1.0
Puttalam	68,667	872	104,386	1,015	25,813	36	-	-	198,866	1,923	1.0
Anuradhapura	166,241	2,889	93,381	396	98,858	120	2,016	-	360,496	3,405	0.9
Polonnaruwa	171,532	1,507	48,736	269	30,032	52	-	-	250,300	1,828	0.7
Badulla	118,191	1,412	136,701	1,305	82,013	104	-	-	336,905	2,821	0.8
Monaragala	65,959	664	55,655	341	70,466	91	-	-	192,080	1,096	0.6
Ratnapura	206,980	2,713	128,640	837	79,653	70	-	-	415,273	3,620	0.9
Kegalle	86,051	1,183	106,915	1,087	52,069	62	671	-	245,706	2,332	0.9
Total	3,793,623	51,007	1,980,945	15,327	1,376,953	1,792	43,378	175	7,194,899	68,301	0.9

Source : Medical Statistics Unit

Table 8.12 : Hospitalizations, Hospital Deaths and Case Fatality Rates of Selected Non-Communicable Diseases, 2023 - 2024

Disease and ICD Code		2023					2024				
		Live Discharges		Deaths		Case Fatality Rate *	Live Discharges		Deaths		Case Fatality Rate *
		Male	Female	Male	Female		Male	Female	Male	Female	
Diabetes mellitus	(E10 - E14)	32,164	35,642	250	279	0.77	31,485	36,136	255	295	0.81
Essential hypertension	(I10)	41,334	58,944	215	231	0.44	39,817	58,461	227	264	0.50
Other hypertensive diseases	(I11 - I15)	1,887	3,003	43	29	1.45	2,013	2,665	41	45	1.81
Ischaemic heart diseases	(I20 - I25)	85,669	62,857	4,901	3,617	5.42	89,726	67,842	4,867	3,541	5.07
Cerebrovascular diseases	(I60 - I69)	38,027	24,716	2,766	1,835	6.83	40,502	26,186	2,912	1,998	6.86
Chronic obstructive pulmonary diseases	(J40 - J44)	37,880	7,301	1,253	197	3.11	35,923	6,918	1,059	174	2.80
Asthma	(J45 - J46)	77,791	84,222	234	218	0.28	75,999	84,829	179	204	0.24
Alcoholic liver diseases	(K70)	1,313	161	185	26	12.52	1,158	119	116	12	9.11
Other diseases of liver	(K71 - K76)	18,265	7,070	2,343	1,006	11.68	17,431	6,691	2,231	919	11.55
Neoplasms	(C00 - D48)	68,820	95,163	3,190	2,697	3.47	71,294	96,449	3,263	2,940	3.57
Renal failure	(N17 - N19)	144,678	74,426	1,316	884	0.99	150,651	80,621	1,266	848	0.91

* Deaths per 100 cases

Source : Medical Statistics Unit

Table 8.13 : Hospitalizations, Hospital Deaths and Case Fatality Rates of Selected Non-Communicable Diseases by RDHS Division, 2024

RDHS Area	Neoplasms (C00 - D48)			Diabetes mellitus (E10 - E14)			Essential hypertension (I10)			Ischaemic heart disease (I20 - I25)			Cerebrovascular disease (I60-I69)		
	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *
Colombo	67,100	2,593	3.72	8,312	200	2.35	8,153	16	0.20	25,010	1,435	5.43	7,635	890	10.44
Gampaha	9,342	530	5.37	4,456	55	1.22	4,922	12	0.24	13,035	1,000	7.13	6,135	457	6.93
Kalutara	2,191	53	2.36	1,800	11	0.61	5,297	8	0.15	10,975	384	3.38	3,993	214	5.09
Kandy	23,117	592	2.50	6,825	56	0.81	11,179	53	0.47	12,795	673	5.00	7,153	514	6.70
Matale	1,585	71	4.29	1,951	11	0.56	2,971	10	0.34	4,675	183	3.77	1,704	115	6.32
Nuwara Eliya	3,307	96	2.82	3,268	8	0.24	5,949	45	0.75	3,104	119	3.69	1,666	112	6.30
Galle	15,583	486	3.02	2,250	42	1.83	4,482	100	2.18	8,716	589	6.33	3,964	390	8.96
Matara	4,646	80	1.69	1,934	10	0.51	3,074	22	0.71	5,565	273	4.68	2,053	143	6.51
Hambantota	2,765	55	1.95	1,962	7	0.36	3,609	29	0.80	3,643	190	4.96	1,525	125	7.58
Jaffna	6,688	150	2.19	2,438	14	0.57	1,558	14	0.89	4,411	228	4.91	2,119	145	6.40
Kilinochchi	83	5	5.68	411	3	0.72	510	2	0.39	550	11	1.96	178	12	6.32
Mannar	451	4	0.88	350	2	0.57	431	4	0.92	498	18	3.49	296	10	3.27
Vavuniya	118	14	10.61	377	1	0.26	737	1	0.14	707	27	3.68	336	27	7.44
Mullaitivu	47	1	2.08	274	-	-	346	-	-	326	5	1.51	98	19	16.24
Batticaloa	1,473	66	4.29	1,903	5	0.26	2,094	4	0.19	2,631	133	4.81	1,037	53	4.86
Ampara	339	26	7.12	769	4	0.52	1,796	6	0.33	2,990	72	2.35	944	54	5.41
Trincomalee	492	16	3.15	972	1	0.10	1,427	5	0.35	1,221	45	3.55	538	20	3.58
Kalmunai	558	6	1.06	6,284	3	0.05	1,392	1	0.07	2,969	230	7.19	1,131	39	3.33
Kurunegala	7,864	359	4.37	5,050	55	1.08	9,223	71	0.76	12,703	792	5.87	5,804	365	5.92
Puttalam	780	60	7.14	1,119	13	1.15	2,064	9	0.43	6,214	275	4.24	1,755	96	5.19
Anuradhapura	5,577	294	5.01	3,382	15	0.44	4,672	10	0.21	10,138	404	3.83	3,692	222	5.67
Polonnaruwa	789	155	16.42	793	2	0.25	2,539	1	0.04	4,388	261	5.61	1,559	148	8.67
Badulla	5,683	231	3.91	4,409	8	0.18	6,192	13	0.21	5,316	256	4.59	2,170	167	7.15
Monaragala	1,093	53	4.62	2,068	12	0.58	3,630	12	0.33	3,986	116	2.83	1,994	86	4.13
Ratnapura	4,735	140	2.87	2,775	7	0.25	6,064	15	0.25	6,314	366	5.48	4,436	268	5.70
Kegalle	1,337	67	4.77	1,489	5	0.33	3,967	28	0.70	4,688	323	6.45	2,773	219	7.32
Total	167,743	6,203	3.57	67,621	550	0.81	98,278	491	0.50	157,568	8,408	5.07	66,688	4,910	6.86

* Deaths per 100 cases

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Source : Medical Statistics Unit

Table 8.13 : Hospitalizations, Hospital Deaths and Case Fatality Rates of Selected Non-Communicable Diseases by RDHS Division, 2024

RDHS Area	Bronchitis, emphysema and other chronic obstructive pulmonary disease (J40 - J44)			Asthma (J45 - J46)			Alcoholic liver disease (K70)			Other diseases of liver (K71 - K76)			Renal failure (N17 - N19)		
	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *	Live Discharges	Deaths	Case Fatality Rate *
Colombo	4,033	135	3.24	9,917	59	0.59	159	51	24.29	3,412	517	13.16	33,344	312	0.93
Gampaha	2,445	103	4.04	12,850	12	0.09	202	26	11.40	4,066	597	12.80	25,632	231	0.89
Kalutara	1,602	45	2.73	8,405	9	0.11	70	7	9.09	1,550	179	10.35	5,188	101	1.91
Kandy	5,885	148	2.45	9,666	23	0.24	57	4	6.56	2,265	243	9.69	35,977	302	0.83
Matale	2,166	74	3.30	3,126	15	0.48	59	4	6.35	583	84	12.59	6,921	62	0.89
Nuwara Eliya	2,376	61	2.50	3,119	11	0.35	15	-	-	332	30	8.29	333	22	6.20
Galle	2,299	69	2.91	10,829	37	0.34	26	1	3.70	1,535	187	10.86	1,960	155	7.33
Matara	1,049	30	2.78	6,446	10	0.15	5	1	16.67	578	54	8.54	5,720	23	0.40
Hambantota	752	19	2.46	8,511	19	0.22	3	-	-	400	21	4.99	5,057	29	0.57
Jaffna	1,109	25	2.20	8,399	10	0.12	29	2	6	900	91	9.18	7,799	44	0.56
Kilinochchi	352	2	0.56	1,114	-	-	6	-	-	260	8	2.99	422	6	1.40
Mannar	188	2	1.05	546	1	0	3	-	-	84	5	6	6,027	2	0.03
Vavuniya	253	8	3.07	115	-	-	3	-	-	120	18	13.04	558	19	3.29
Mullaitivu	218	3	1.36	675	-	-	4	-	-	76	7	8.43	3,620	1	0.03
Batticaloa	1,114	19	1.68	3,988	5	0.13	20	2	9.09	273	30	9.90	14,190	19	0.13
Ampara	907	30	3.20	1,883	6	0.32	2	1	33	162	16	8.99	10,939	25	0.23
Trincomalee	492	6	1.20	1,387	5	0.36	15	3	16.67	82	7	7.87	5,717	18	0.31
Kalmunai	876	5	0.57	8,888	2	0.02	8	-	-	97	7	6.73	12,717	21	0.16
Kurunegala	2,167	73	3.26	16,498	46	0.28	261	9	3.33	2,531	286	10.15	2,244	158	6.58
Puttalam	416	11	2.58	4,217	14	0.33	135	7	4.93	658	93	12.38	7,134	41	0.57
Anuradhapura	2,465	99	3.86	6,225	12	0.19	37	1	2.63	1,123	145	11.44	4,743	175	3.56
Polonnaruwa	1,108	42	3.65	3,421	8	0.23	21	5	19.23	358	77	17.70	342	53	13.42
Badulla	3,211	71	2.16	8,078	13	0.16	28	1	3.45	450	79	14.93	2,667	122	4.37
Monaragala	1,647	52	3.06	5,551	3	0.05	7	2	22	372	29	7.23	9,725	60	0.61
Ratnapura	2,112	40	1.86	11,827	15	0.13	72	-	-	1,122	221	16.46	19,714	64	0.32
Kegalle	1,599	61	3.67	5,147	48	0.92	30	1	3.23	733	119	13.97	2,582	49	1.86
Total	42,841	1,233	2.80	160,828	383	0.24	1,277	128	9.11	24,122	3,150	11.55	231,272	2,114	0.91

* Deaths per 100 cases

Source : Medical Statistics Unit

Table 9.1 : Clinic Visits by Quarter and RDHS Division, 2024

RDHS Division	Quarter								Total	
	Frist		Second		Third		Fourth			
	1 st Visit	Total Visits								
Colombo	244,158	1,117,604	214,189	1,087,520	232,105	1,116,998	244,024	1,281,425	934,476	4,603,547
Gampaha	159,511	702,822	137,594	680,984	172,516	751,510	151,064	703,608	620,685	2,838,924
Kalutara	80,582	339,350	73,161	323,109	85,049	327,651	78,115	333,803	316,907	1,323,913
Kandy	149,381	723,268	139,799	752,930	152,887	750,589	152,196	807,656	594,263	3,034,443
Matale	35,557	210,611	34,719	198,258	35,956	207,519	36,851	212,263	143,083	828,651
Nuwara Eliya	43,753	181,959	43,079	176,988	52,463	201,888	47,922	184,607	187,217	745,442
Galle	89,721	373,456	83,291	349,801	89,031	344,197	88,961	348,596	351,004	1,416,050
Matara	70,739	275,829	59,683	235,303	79,634	287,181	73,927	293,140	283,983	1,091,453
Hambantota	51,132	214,727	51,087	217,596	56,474	225,515	66,269	231,375	224,962	889,213
Jaffna	54,152	330,206	52,650	325,557	52,017	326,148	55,087	324,873	213,906	1,306,784
Kilinochchi	10,684	43,925	11,775	44,366	11,629	44,460	10,934	42,430	45,022	175,181
Mannar	16,913	59,116	14,645	54,934	18,752	62,358	17,814	62,344	68,124	238,752
Vavuniya	20,211	97,359	22,928	108,905	23,868	112,948	21,743	107,053	88,750	426,265
Mullaitivu	11,184	55,000	12,062	49,728	14,068	57,759	12,497	57,638	49,811	220,125
Batticaloa	48,124	203,179	42,681	216,625	48,378	224,707	49,046	221,471	188,229	865,982
Ampara	19,846	110,445	17,695	107,210	19,140	102,437	21,622	112,829	78,303	432,921
Trincomalee	30,385	136,432	24,187	124,768	35,005	160,488	29,757	163,202	119,334	584,890
Kalmunai	42,895	231,457	59,328	227,527	48,087	209,198	49,689	214,453	199,999	882,635
Kurunegala	99,889	485,645	87,982	483,435	100,626	514,987	103,470	537,556	391,967	2,021,623
Puttalam	63,448	243,053	62,415	241,335	66,118	252,345	60,483	239,872	252,464	976,605
Anuradhapura	58,975	330,293	55,900	331,335	62,721	347,872	57,920	349,910	235,516	1,359,410
Polonnaruwa	40,298	219,314	40,190	217,448	48,351	228,289	37,605	229,164	166,444	894,215
Badulla	90,069	383,486	89,983	384,601	92,775	387,552	98,309	406,105	371,136	1,561,744
Monaragala	43,619	157,079	41,409	152,642	39,717	161,357	35,914	166,714	160,659	637,792
Rathnapura	105,270	457,613	105,765	447,557	118,183	489,358	129,939	484,810	459,157	1,879,338
Kegalle	65,531	332,506	59,814	311,229	81,007	340,345	68,234	297,614	274,586	1,281,694
Total	1,746,027	8,015,734	1,638,011	7,851,691	1,836,557	8,235,656	1,799,392	8,414,511	7,019,987	32,517,592

Source : Medical Statistics Unit

Table 9.2 : Clinic Visits by Quarter and Level of Care and Hospital, 2024

Type of Hospital	Quarter								Total	
	First		Second		Third		Fourth			
	1 st Visits	Total Visits								
Tertiary Care Hospital	834,310	3,751,923	762,653	3,698,252	889,052	3,938,255	885,925	4,122,574	3,371,940	15,511,004
National Hospital	129,777	689,876	133,946	721,730	141,741	740,456	147,151	846,158	552,615	2,998,220
Teaching Hospital	270,095	1,297,953	233,127	1,279,075	277,686	1,313,844	288,350	1,400,033	1,069,258	5,290,905
Specialized Teaching Hospital	73,796	208,974	61,489	192,095	77,532	231,617	75,939	223,485	288,756	856,171
Other Specialized Hospital	23,596	193,074	19,235	194,807	21,506	201,113	22,536	209,744	86,873	798,738
Board Managed Hospital (Tertiary Care)	9,711	44,824	8,173	40,924	10,811	45,271	11,533	46,745	40,228	177,764
District General Hospital	327,335	1,317,222	306,683	1,269,621	359,776	1,405,954	340,416	1,396,409	1,334,210	5,389,206
Secondary Care Hospital	367,654	1,736,431	370,012	1,676,184	412,142	1,773,430	383,807	1,729,183	1,533,615	6,915,228
Base Hospital-Type A	237,854	1,082,425	246,109	1,017,285	278,685	1,097,686	252,146	1,080,547	1,014,794	4,277,943
Base Hospital-Type B	122,520	623,809	117,752	629,909	127,107	646,227	123,990	620,184	491,369	2,520,129
Board Managed Hospital (Secondary Care)	7,280	30,197	6,151	28,990	6,350	29,517	7,671	28,452	27,452	117,156
Primary Care Hospital	499,579	2,384,603	466,261	2,346,252	499,351	2,399,572	490,194	2,411,116	1,955,385	9,541,543
Divisional Hospital-Type A	101,334	480,101	93,392	476,505	98,651	484,315	88,650	489,198	382,027	1,930,119
Divisional Hospital-Type B	126,962	655,863	121,932	643,196	136,197	666,955	137,831	689,435	522,922	2,655,449
Divisional Hospital-Type C	155,572	635,886	142,901	614,157	137,848	629,412	138,634	624,008	574,955	2,503,463
Primary Medical Care Unit	115,645	610,850	107,757	610,209	126,245	616,524	124,693	605,866	474,340	2,443,449
PMCU & MH	66	1,903	279	2,185	410	2,366	386	2,609	1,141	9,063
Other	44,484	142,777	39,085	131,003	36,012	124,399	39,466	151,638	159,047	549,817
Prison Hospital	4,217	8,294	3,354	7,329	3,048	6,216	2,166	5,025	12,785	26,864
Police Hospital	2,414	20,020	1,990	18,953	2,612	22,619	2,528	22,493	9,544	84,085
Army Hospital	9,483	32,379	8,499	30,564	10,429	34,250	9,512	32,688	37,923	129,881
Navy Hospital	1,591	6,614	1,748	6,242	1,883	6,838	1,897	7,246	7,119	26,940
University Health Centre	13	15			9	9	42	99	64	123
STD Clinic	11,225	18,451	11,199	17,941	8,385	16,300	7,910	17,133	38,719	69,825
Chest Clinic	14,386	51,531	10,960	44,216	9,445	33,436	14,697	60,573	49,488	189,756
ADC	909	998	946	1,045					1,855	2,043
Other	246	4,475	389	4,713	201	4,731	714	6,381	1,550	20,300
Total	1,746,027	8,015,734	1,638,011	7,851,691	1,836,557	8,235,656	1,799,392	8,414,511	7,019,987	32,517,592

Source : Medical Statistics Unit

Table 9.3 : Clinic Visits by Type of Clinic, 2020 - 2024

Type of Clinic	2020	2021	2022	2023	2024
Medical	10,932,051	9,160,491	11,423,863	14,727,217	15,130,696
Surgical	914,236	761,030	1,035,401	1,257,080	1,288,836
Orthopaedic	389,594	344,252	433,012	513,044	539,861
Thoracic	43,093	39,295	53,613	88,152	73,042
Cardiology	665,940	608,578	798,254	994,420	1,100,143
Neuro Surgical	78,882	71,189	97,653	149,558	136,424
Nerve	264,041	233,073	314,277	355,915	417,036
E.N.T.	387,692	308,762	494,183	602,833	638,572
Genito Urinary	117,171	111,407	149,138	167,322	182,677
Rectum	3,226	1,586	3,384	6,147	1,494
Skin	800,114	635,264	879,258	1,090,607	1,226,684
Paediatric	487,251	403,342	535,387	743,435	760,332
Psychiatric	955,088	800,356	1,047,001	1,227,803	1,250,232
Baby	476,404	470,789	454,206	498,094	435,867
Gynaecology and Obstetrics	1,432,991	1,266,516	1,337,894	1,417,987	1,370,598
Eye	1,128,594	925,876	1,356,274	1,709,283	1,777,616
Dental	2,336,293	1,766,506	2,779,122	3,410,512	3,436,993
Cancer	429,996	436,252	515,168	614,827	663,223
V.D	64,152	75,239	114,118	138,708	147,712
Diabetic	1,278,758	1,048,956	1,281,679	1,556,584	1,613,806
Other	217,101	167,235	323,374	350,327	325,748
Total	23,402,668	19,635,994	25,426,259	31,619,855	32,517,592

Source : Medical Statistics Unit

Table 9.4 : Clinic Visits by Type of Clinic and RDHS Division, 2024

RDHS Division	Medical	Dental	Gynaecology & Obstetrics	Eye	Diabetic	Surgical	Psychiatric	Skin	Cardiology	Other
Colombo	1,513,309	349,571	204,024	384,208	212,553	267,511	201,229	186,230	324,495	960,417
Gampaha	1,400,807	259,332	104,348	219,011	76,322	111,263	118,878	114,470	83,632	350,861
Kalutara	666,089	184,880	47,707	82,762	15,861	40,915	70,884	54,637	34,116	126,062
Kandy	1,297,100	264,408	113,982	107,098	199,514	127,826	91,631	108,591	162,684	561,609
Matale	452,012	83,795	27,464	23,530	42,004	29,726	48,645	25,706	17,802	77,967
Nuwara Eliya	390,334	83,295	39,095	19,531	19,577	30,272	24,131	29,755	23,453	85,999
Galle	636,259	190,728	67,426	84,207	42,957	69,264	58,244	49,261	32,799	184,905
Matara	576,327	155,155	32,792	55,611	12,714	30,679	48,437	34,039	29,768	115,931
Hambantota	482,794	126,580	28,673	43,884	715	32,869	34,547	41,002	24,276	73,873
Jaffna	458,120	114,863	79,425	79,790	177,101	69,401	54,337	63,639	51,970	158,138
Kilinochchi	64,208	24,441	14,123	21,279	11,952	6,223	7,343	8,447		17,165
Mannar	121,347	26,556	8,846	15,924	21,760	3,849	6,953	2,611	6,344	24,562
Vavuniya	171,302	42,155	19,630	31,616	21,171	7,881	15,331	22,760	11,067	83,352
Mullaitivu	108,048	21,428	13,487	12,300	12,697	9,809	5,940	11,588	6,783	18,045
Batticaloa	403,968	92,945	21,013	27,367	63,642	46,977	23,421	24,944	41,286	120,419
Ampara	244,586	22,441	23,321	26,013	9,042	28,478	13,566	12,489	10,193	42,792
Trincomalee	295,720	45,373	29,705	35,925	29,233	26,183	10,606	31,205	19,286	61,654
Kalmunai	369,261	86,396	48,212	49,383	97,616	49,076	30,553	37,062	17,569	97,507
Kurunegala	1,150,605	210,950	89,411	30,694	200,778	46,528	62,257	40,096	6,816	183,488
Puttalam	488,060	110,258	49,506	62,597	38,296	22,634	41,682	48,286	17,089	98,197
Anuradhapura	730,657	140,144	55,190	72,283	13,204	34,425	27,905	39,302	28,861	217,439
Polonnaruwa	452,676	103,492	25,234	21,985	64,110	21,463	30,654	29,018	37,510	108,073
Badulla	663,208	231,266	80,067	71,090	116,604	70,822	57,880	68,986	23,677	178,144
Moneragala	308,273	87,774	26,265	24,869	57,266	20,384	21,697	22,590	18,167	50,507
Ratnapura	1,024,422	223,133	75,452	108,295	12,518	46,849	78,902	63,249	38,682	207,836
Kegalle	661,204	155,634	46,200	66,364	44,599	37,529	64,579	56,721	31,818	117,046
Total	15,130,696	3,436,993	1,370,598	1,777,616	1,613,806	1,288,836	1,250,232	1,226,684	1,100,143	4,321,988

Source: Medical Statistics Unit

Table 10.1 : Out Patient visits by Quarter and RDHS Division, 2024

RDHS Division	Quarter				Total Visits
	First	Second	Third	Fourth	
Colombo	1,116,703	1,156,887	1,220,834	1,207,465	4,701,889
Gampaha	821,793	884,625	923,125	947,860	3,577,403
Kalutara	536,178	585,237	578,482	603,788	2,303,685
Kandy	986,136	1,058,404	1,137,404	1,088,813	4,270,757
Matale	346,844	370,822	399,750	405,078	1,522,494
Nuwara Eliya	372,261	398,457	419,372	416,659	1,606,749
Galle	713,843	755,611	771,608	801,137	3,042,199
Matara	502,689	535,229	566,418	571,331	2,175,667
Hambantota	480,077	520,312	542,912	553,444	2,096,745
Jaffna	389,225	362,569	390,611	410,088	1,552,493
Kilinochchi	104,340	91,877	94,842	103,815	394,874
Mannar	111,658	107,475	116,598	131,523	467,254
Vavuniya	141,784	147,508	149,863	168,451	607,606
Mullaitivu	89,624	90,190	92,999	96,878	369,691
Batticaloa	338,496	338,296	358,495	378,256	1,413,543
Ampara	236,426	256,915	260,549	264,334	1,018,224
Trincomalee	284,434	282,678	305,930	316,995	1,190,037
Kalmunai	371,023	385,110	401,591	395,951	1,553,675
Kurunegala	997,312	1,094,280	1,117,230	1,133,713	4,342,535
Puttalam	340,733	369,362	402,428	430,078	1,542,601
Anuradhapura	733,974	781,215	804,779	866,808	3,186,776
Polonnaruwa	343,027	353,585	355,746	369,002	1,421,360
Badulla	737,394	800,350	815,649	828,107	3,181,500
Monaragala	426,512	462,617	478,171	486,094	1,853,394
Ratnapura	886,363	955,213	994,192	1,040,207	3,875,975
Kegalle	487,167	552,948	563,390	552,080	2,155,585
Sri Lanka	12,896,016	13,697,772	14,262,968	14,567,955	55,424,711

Source : Medical Statistics Unit

Table 10.2 : Out Patient visits by Level of Care and District, 2024

District	Tertiary	Secondary	Primary	Other	Total visits
Colombo	2,273,104	447,164	1,483,478	498,143	4,701,889
Gampaha	1,050,513	815,842	1,560,215	150,833	3,577,403
Kalutara	528,114	445,677	1,305,539	24,355	2,303,685
Kandy	1,233,226	336,369	2,498,916	202,246	4,270,757
Matale	246,737	164,603	1,110,489	665	1,522,494
Nuwera Eliya	157,787	315,088	1,133,874	-	1,606,749
Galle	585,077	426,459	1,926,499	104,164	3,042,199
Matara	343,211	234,345	1,589,620	8,491	2,175,667
Hambantota	227,913	415,373	1,453,459	-	2,096,745
Jaffna	213,592	354,267	966,593	18,041	1,552,493
Kilinochchi	128,918	48,954	217,002	-	394,874
Mannar	113,588	37,801	305,729	10,136	467,254
Vavuniya	256,449	60,098	276,194	14,865	607,606
Mullaitivu	59,034	138,884	171,773	-	369,691
Batticaloa	132,141	387,083	869,491	24,828	1,413,543
Ampara	162,207	1,151,547	1,248,764	9,381	2,571,899
Trincomalee	137,789	350,276	662,064	39,908	1,190,037
Kurunegala	785,194	549,161	3,008,180	-	4,342,535
Puttalam	197,235	437,968	892,156	15,242	1,542,601
Anuradhapura	236,957	719,895	2,156,481	73,443	3,186,776
Polonnaruwa	231,974	355,024	834,362	-	1,421,360
Badulla	360,500	807,961	1,976,842	36,197	3,181,500
Moneragale	132,080	486,225	1,224,944	10,145	1,853,394
Ratnapura	446,357	689,209	2,687,497	52,912	3,875,975
Kegalle	295,503	559,718	1,259,855	40,509	2,155,585
Total	10,535,200	10,734,991	32,820,016	1,334,504	55,424,711

Source : Medical Statistics Unit

Table 10.3 : Out Patient Visits by Quarter and Level of Care and Hospital, 2024

Type of hospital	First	Second	Third	Fourth	Total visits
Tertiary care Hospital	2,414,069	2,554,432	2,788,056	2,778,643	10,535,200
National Hospital	319,332	334,607	374,736	358,014	1,386,689
Teaching Hospital	765,690	814,350	872,719	879,817	3,332,576
Specialized Teaching Hospital	219,876	209,742	241,452	227,447	898,517
Other Specialized Hospital	140,754	138,893	158,020	156,285	593,952
Board Managed Hospital (Tertiary Care)	6,646	6,423	7,728	9,110	29,907
District General Hospital	961,771	1,050,417	1,133,401	1,147,970	4,293,559
Secondary care Hospital	2,491,547	2,645,487	2,772,529	2,825,428	10,734,991
Base Hospital -Type A	1,266,273	1,349,096	1,416,419	1,432,102	5,463,890
Base Hospital -Type B	1,198,068	1,268,214	1,327,019	1,366,416	5,159,717
Board Managed Hospital (Secondary Care)	27,206	28,177	29,091	26,910	111,384
Primary care Hospital	7,647,698	8,167,037	8,368,007	8,637,274	32,820,016
Divisional Hospital -Type A	1,111,916	1,238,933	1,266,604	1,269,854	4,887,307
Divisional Hospital -Type B	2,149,698	2,300,630	2,356,743	2,414,296	9,221,367
Divisional Hospital -Type C	2,312,795	2,472,013	2,483,506	2,579,633	9,847,947
Primary Medical Care Unit	2,066,673	2,149,526	2,254,196	2,366,447	8,836,842
PMCU & MH	6,616	5,935	6,958	7,044	26,553
Other care Hospital	342,702	330,816	334,376	326,610	1,334,504
Prison Hospital	98,190	98,983	100,912	90,412	388,497
Police Hospital	40,269	40,735	26,377	31,434	138,815
Army Hospital	43,891	42,636	44,137	43,292	173,956
Navy Hospital	49,493	49,260	44,061	42,097	184,911
Air Force Hospital	1,247	614	1,247	1,417	4,525
University Health Centre	6,861	1,989	4,447	7,935	21,232
STD Clinic	8,908	10,530	11,777	10,414	41,629
Chest Clinic	78,697	70,376	84,665	81,839	315,577
Other	15,146	15,693	16,753	17,770	65,362
Total	12,896,016	13,697,772	14,262,968	14,567,955	55,424,711

Source : Medical Statistics Unit

Table 11.1 : Performance of Dental Surgeons by RDHS Division, 2024

RDHS Division	Emergency Care					Routine care														Attendance					
	Extractions	Oro-facial pain relief	Dento-alveolar trauma	Soft tissue Injuries	Post Op infections / bleeding	TF	Amalgam	GIC	Composite	RCT (Dressings)	R C T (Completions)	Pulp Therapy (Deciduous)	Scaling	Fluoride applications	Fissure Sealants	OPMD *	Minor Oral surgery *	HE Sessions *	Referrals*	Others*	Total Attendance	Pregnant mothers	Children less than 3 years	Adolescents 13-19 years	Inward Patients
Colombo	82,765	62,207	1,042	1,283	660	54,139	632	102,972	21,355	2,394	5,847	1,264	21,019	459	116	379	2,579	11,782	41,503	70,585	404,614	9,539	3,041	30,016	4,147
Gampaha	71,085	35,412	1,303	643	1,226	51,924	270	54,320	11,144	3,429	2,828	3,531	15,993	271	156	533	1,275	9,702	14,205	30,041	272,132	14,228	3,642	21,434	3,442
Kalutara	52,810	27,717	442	434	597	32,494	727	45,687	9,019	542	429	3,017	8,732	258	36	388	1,262	4,602	10,456	27,913	194,385	8,530	3,881	22,830	1,016
Kandy	78,694	53,232	588	810	783	45,058	1,103	73,722	20,113	2,513	1,033	3,856	16,275	560	355	608	3,993	21,145	21,328	36,020	326,666	13,712	4,202	31,227	1,057
Matale	30,568	12,728	349	316	904	13,645	892	14,803	2,487	1,633	712	1,040	4,824	358	262	236	886	5,269	4,350	6,583	95,675	5,797	1,749	7,387	381
Nuwara Eliya	41,635	18,005	192	187	235	24,574	21,405	41,562	14,642	1,776	4,681	6,846	2,799	1,030	103	187	3,618	4,127	5,697	6,506	103,144	6,901	759	8,651	441
Galle	65,971	30,921	362	276	1,148	38,049	44	49,422	9,941	979	1,326	503	8,819	9	7	381	1,368	3,676	10,701	27,294	216,701	7,801	1,041	19,876	1,300
Matara	49,646	25,744	407	383	1,098	35,143	1,226	58,434	9,981	3,305	3,058	1,742	13,278	32	742	219	3,160	8,435	10,210	11,227	173,507	6,045	1,453	21,506	760
Hambantota	27,697	24,461	381	176	174	12,471	0	24,450	1,773	650	463	82	4,629	10	0	204	1,237	3,467	5,536	18,244	129,956	5,304	771	8,795	215
Jaffna	27,642	37,216	182	190	205	6,775	188	13,859	7,192	925	310	228	5,689	414	61	94	368	15,086	5,114	24,029	144,774	9,433	1,115	5,856	886
Kilinochchi	10,017	6,732	46	1	47	1,544	20	3,263	2,573	196	75	28	1,422	11	2	20	31	909	667	2,784	28,971	1,021	89	1,508	83
Mullaitivu	9,260	4,890	389	371	237	2,550	8	2,948	3,355	273	212	274	2,917	8	57	144	538	932	846	1,315	31,525	2,248	533	1,596	439
Vavuniya	8,528	10,985	19	39	252	2,989	16	6,720	696	239	122	377	1,944	710	0	70	64	1,263	1,020	8,871	42,348	2,538	582	3,664	78
Mannar	8,654	7,651	97	164	32	1,840	31	4,154	3,228	692	365	104	2,744	12	2	41	236	1,222	590	3,559	41,085	1,767	486	4,855	296
Batticaloa	37,968	27,682	282	283	519	6,196	101	11,309	10,510	1,390	751	139	8,201	11	227	119	1,069	1,494	2,737	13,138	98,729	6,665	427	7,762	372
Ampara	12,649	15,188	87	111	559	5,739	23	8,904	4,847	1,111	603	937	3,017	43	220	91	198	1,671	2,451	4,779	50,180	2,558	425	3,900	208
Trincomalee	37,596	25,940	49	55	321	3,724	293	5,282	3,053	237	42	144	4,964	49	41	141	829	6,349	2,048	11,510	87,893	7,347	2,012	11,066	394
Kalmunai	40,394	38,635	739	974	643	9,142	132	16,123	11,283	1,052	442	236	8,751	67	2	323	2,305	6,922	2,089	21,619	133,931	8,975	2,416	14,263	1,182
Kurunegala	82,025	58,938	745	575	1,463	59,009	6,355	49,529	17,853	3,732	2,502	4,223	15,951	846	424	390	3,277	11,277	15,871	57,755	333,208	18,833	9,759	27,972	2,121
Puttalam	25,990	17,018	133	89	195	5,329	14	10,486	4,180	567	382	372	2,705	32	1	103	521	5,237	2,992	10,675	76,136	4,391	575	7,193	564
Anuradhapura	41,927	36,615	728	381	472	15,970	934	19,617	7,429	1,834	786	1,049	4,318	40	281	312	585	4,849	5,227	16,509	159,887	9,885	1,663	10,437	631
Polonnaruwa	24,346	16,950	208	125	332	12,805	0	23,656	2,759	1,281	491	1,281	4,789	314	4	639	1,351	3,993	5,312	24,024	108,566	6,453	2,253	8,575	268
Badulla	56,257	35,216	622	284	903	27,781	641	33,415	25,554	2,635	2,135	3,698	17,415	200	52	530	949	16,305	10,710	32,834	248,281	13,561	5,427	4,236	779
Monaragala	31,112	31,100	943	1,324	747	16,442	74	35,830	13,979	1,313	873	1,324	12,621	122	8	391	1,587	11,902	4,740	20,685	152,091	7,271	4,685	20,694	1,116
Rathnapura	46,660	29,842	562	470	915	37,152	241	39,828	14,033	2,591	2,190	2,022	12,219	866	581	630	1,277	2,926	7,044	24,142	192,120	9,136	1,448	15,408	964
Kegalle	39,028	29,440	264	211	524	21,320	110	28,779	14,031	1,646	1,122	2,887	9,220	104	180	328	1,817	5,393	7,772	27,360	155,658	7,168	3,080	11,424	564
Sri Lanka	1,040,924	720,465	11,161	10,155	15,191	543,804	35,480	779,074	247,010	38,935	33,780	41,204	215,255	6,836	3,920	7,501	36,380	169,935	201,216	540,001	4,002,163	197,107	57,514	332,131	23,704

Note: Based on the consolidated statistics submitted by the Regional Dental Surgeons and Monthly Dental Returns

Source: Oral Health Services

Hospitals not reporting IMMR data for 2024, by quarter (as at 25.08.2025)

Name	Type	Quarter			
		1	2	3	4
National Eye Hospital	Other Specialized Hospital	x	x	x	x
Leprosy Hospital, Hendala	Other Specialized Hospital	x	x	x	x
Mental Rehabilitation Sisila Deltota	Other Specialized Hospital	x	x	x	x
Rehabilitation Hospital - Digana Rajawella	Other Specialized Hospital	x	x	x	x
Ruhunuwa Niwahana (Mental Rehabilitation Hospital)	Other Specialized Hospital	x	x	x	x
Arunalu M.H.R. Unit Uhumeeya	Other Specialized Hospital	x	x	x	x
Avissawella	District General Hospital	x	x	x	x
Mulleriyawa (Colombo East)	Base Hospital-Type A	x	x	x	x
Moratuwa	Divisional Hospital-Type A	x	x	x	x
Sampathnuwara	Divisional Hospital-Type A	x	x	x	x
Nivitigala	Divisional Hospital-Type A	x	x	x	x
Padukka	Divisional Hospital-Type B	x	x	x	x
Thalathuoya	Divisional Hospital-Type B	x	x	x	x
Atchueli	Divisional Hospital-Type B	x	x	x	x
Chankanai	Divisional Hospital-Type B	x	x	x	x
Velvetiturai	Divisional Hospital-Type B	x	x	x	x
Nedunkerny	Divisional Hospital-Type B	x	x	x	x
Poovarasankulam	Divisional Hospital-Type B	x	x	x	x
Unnapulavu (DH - Mullaitivu)	Divisional Hospital-Type B	x	x	x	x
Kosgama	Divisional Hospital-Type C	x	x	x	x
Muwandeniya	Divisional Hospital-Type C	x	x	x	x
Devahuwa	Divisional Hospital-Type C	x	x	x	x
Analativu	Divisional Hospital-Type C	x	x	x	x
Delft	Divisional Hospital-Type C	x	x	x	x
Karaiyanagar	Divisional Hospital-Type C	x	x	x	x
Maruthankerney	Divisional Hospital-Type C	x	x	x	x
Tharmapuram	Divisional Hospital-Type C	x	x	x	x
Gomarankadawala	Divisional Hospital-Type C	x	x	x	x
Seruwila	Divisional Hospital-Type C	x	x	x	x
Mahadivulwewa	Divisional Hospital-Type C	x	x	x	x
Indulgoda Kanda	Divisional Hospital-Type C	x	x	x	x
Rajangane	Divisional Hospital-Type C	x	x	x	x
Kottantivu	Divisional Hospital-Type C	x	x	x	x
Nawagaththegama	Divisional Hospital-Type C	x	x	x	x
Dambetenna(EH)	Divisional Hospital-Type C	x	x	x	x
Kiribathgala(EH)	Divisional Hospital-Type C	x	x	x	x
Trincomalee	District General Hospital		x	x	x
Mankulam	Base Hospital-Type A		x	x	x
Teldeniya	Base Hospital-Type B		x	x	x
Aluthgamweediya / Darga Town	Divisional Hospital-Type B		x	x	x
Leliambe / Rehabilitation	Divisional Hospital-Type B		x	x	x
Pungudutivu	Divisional Hospital-Type C		x	x	x
Diyabeduma	Divisional Hospital-Type C		x	x	x
Dambana	Divisional Hospital-Type C		x	x	x
Hunuwala(EH)	Divisional Hospital-Type C		x	x	x
Udawalawa	Divisional Hospital-Type C		x	x	x

Hospitals not reporting IMMR data for 2024, by quarter (as at 25.08.2025)

Name	Type	Quarter			
		1	2	3	4
Gampola	Base Hospital-Type A			x	x
Kalpitiya	Base Hospital-Type B			x	x
Ambalantota	Divisional Hospital-Type B			x	x
Beliatta	Divisional Hospital-Type B			x	x
Oddusuddan	Divisional Hospital-Type B			x	x
Malwathuhiripitiya	Divisional Hospital-Type C			x	x
Aluthgama	Divisional Hospital-Type C			x	x
Thalapitiya	Divisional Hospital-Type C			x	x
Sithamparapuram	Divisional Hospital-Type C			x	x
Kilinochchi	District General Hospital				x
Dambulla	Base Hospital-Type A				x
Tangalle	Base Hospital-Type A				x
Lagalla Pallegama	Divisional Hospital-Type A				x
Hettipola	Divisional Hospital-Type A				x
Kongahawela	Divisional Hospital-Type A				x
Rakwana	Divisional Hospital-Type A				x
Colombo Central-Maligawatta	Divisional Hospital-Type B				x
Kolongoda	Divisional Hospital-Type B				x
Handungamuwa	Divisional Hospital-Type B			x	
Kandeketiya	Divisional Hospital-Type B				x
Gammaduwa	Divisional Hospital-Type C			x	
Maraka	Divisional Hospital-Type C			x	
Illukkumbura	Divisional Hospital-Type C			x	
Beragama	Divisional Hospital-Type C				x
Kirama	Divisional Hospital-Type C				x
Palai	Divisional Hospital-Type C				x
Aluthgama	Divisional Hospital-Type C				x
Ethimale	Divisional Hospital-Type C				x

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